


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 28, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000119009</b> 1. Entity Name ROSATO, INC.	
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Principal Place of Business 1155 E. ATLANTIC AVENUE SUITE 101 DELRAY BEACH, FL 33483	Mailing Address 1155 E. ATLANTIC AVENUE SUITE 101 DELRAY BEACH, FL 33483
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**DO NOT WRITE IN THIS SPACE**



02022005 No Chg-P GR2E034 (10/03)

4. FEI Number 04-3590172	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fees Required</b>	

6. Name and Address of Current Registered Agent  
  
MARSHALL, ADAM D  
9737 NAPOLI WOODS LN  
DELRAY BEACH, FL 33446

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ROSATO, MASSIMO 1155 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ROSATO, DELIA 1155 E. ATLANTIC AVENUE DELRAY BEACH, FL 33483
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/28/05-80051-024 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Massimo Rosato 2/25/05 561-272-3112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #