

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000000267

1. Entity Name
ROSENBERG FINANCIAL GROUP, INC.



Principal Place of Business
3700 COCONUT CREEK PKWY
STE 140
COCONUT CREEK, FL 33066

Mailing Address
3700 COCONUT CREEK PKWY
STE 140
COCONUT CREEK, FL 33066



04282007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0002156

| |
|----------------|
| Applied For |
| Not Applicable |

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

ROSENBERG, GLENN
3700 COCONUT CREEK PKWY
STE 140
COCONUT CREEK, FL 33066

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

00000756116
05/23/07-80016-019 150.00

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------|
| TITLE | PS |
| NAME | ROSENBERG, GLENN |
| STREET ADDRESS | 3700 COCONUT CREEK PKWY |
| CITY-ST-ZIP | COCONUT CREEK, FL 33066 |

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| STREET ADDRESS | |
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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/07 954-944-0700
Date Daytime Phone #