


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 03, 2006 8:00 am**  
**Secretary of State**

03-03-2006 90122 017 \*\*\*150.00

|  |  |   |   |   |  |
|--|--|---|---|---|--|
| <b>DOCUMENT # P02000002076</b><br>1. Entity Name<br><b>DEROSA &amp; COMPANY INC.</b>   |  |   |   |  |  |
| Principal Place of Business<br><b>665 SE 10TH STREET<br/>SUITE 201<br/>DEERFIELD BEACH, FL 33441</b>   |  |   | Mailing Address<br><b>3170 N. FEDERAL HWY<br/>#103C<br/>LIGHTHOUSE POINT, FL 33064</b>                                      |   |  |
| 2. Principal Place of Business<br><b>2607 E Atlantic Blvd.</b>   |  |   | 3. Mailing Address<br><b>665 SE 10th St<br/>201</b>   |   |  |
| City & State<br><b>Pompano Beach FL</b>  |  |   | City & State<br><b>Deerfield Beach FL</b>   |   |  |
| Zip<br><b>33064</b>  |  |   | Zip<br><b>33441</b>   |   |  |
| Country<br><b>US</b>   |  |   | Country<br><b>US</b>  |   |  |
| 4. FE Number<br><b>26-0047650</b>  |  |   | Applied For<br><input type="checkbox"/> Not Applicable  |   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   | <b>\$8.75 Additional Fee Required</b>   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>DICRESCENZO, ANGELA<br/>3170 N. FEDERAL HWY, 103C<br/>LIGHTHOUSE POINT, FL 33064</b>   |  |   | 7. Name and Address of New Registered Agent<br>Name<br><b>665 SE 10th St</b><br><b>201</b><br><b>Deerfield Bch FL 33441</b> |   |  |
| 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 obligation of registered agent.<br>SIGNATURE: <u><i>Angela Dicrescenzo</i></u> DATE: <u>2/21/2006</u><br><small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>  |  |   |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2006 Fee will be \$550.00</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be Added to Fees</b>  |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PST<br>DEROSA, PETER A<br>2531 NE 9TH TERRACE<br>POMPANO BEACH, FL 33064 | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 1310 NE 26th Terrace<br>Pompano Beach, FL 33062                                   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>HASHE, MARK<br>2607 E ATLANTIC BLVD.<br>POMPANO BEACH, FL 33064    | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 1310 NE 26th Terr.<br>Pompano Beach FL 33062                                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 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: <u><i>Peter Derosa</i></u> DATE: <u>2/21/2006</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |  |   |   |   |  |