

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000010813

FILED
Apr 29, 2005
Secretary of State

Entity Name: ROSEBUD HOLDINGS, INC.

Current Principal Place of Business:

3391 SW 131ST TERRACE
DAVIE, FL 33330

New Principal Place of Business:

Current Mailing Address:

3391 SW 131ST TERRACE
DAVIE, FL 33330

New Mailing Address:

FEI Number: 04-3616205

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDSTEIN, JACK CPA
3391 SW 131 TERRACE
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RISEN, GEOFFREY M
Address: 11111 BISCAYNE BLVD, SUITE 2107
City-St-Zip: MIAMI, FL 33181

Title: VS () Delete
Name: RISEN, SONDR A
Address: 11111 BISCAYNE BLVD, SUITE 2107
City-St-Zip: MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RISEN, GEOFFREY M
Address: C/O 3391 SW 131 TERRACE
City-St-Zip: DAVIE, FL 33330

Title: VS (X) Change () Addition
Name: RISEN, SANDRA
Address: C/O 3391 SW 131 TERRACE
City-St-Zip: DAVIE, FL 33330

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEOFFREY M RISEN

DP

04/29/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date