CAPITAL CONNECTION 850 222 1222 04/29

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State
05-01-2003 90767 004 ***150.00

DOCUMENT # P02000010813

1. Entity Name
ROSEBUD HOLDINGS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11111 Biscayne Blvd	SAME
Suite, Apt. #, etc. Suite 2107	Suite, Apt. #, etc. SAME
City & State NORTH MIAMI, FL	City & State SAME
Zip 33181 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MELVYN TRUTE

Street Address (P.O. Box Number is Not Acceptable) 1090 KANE CONCOURSE

Suite 202

City BAY HARBOR ISLANDS FL Zip Code 33154

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.

SIGNATURE _____ 4/29/03
Signature, typed or printed name, registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) [ ]

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. [ ] **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT + DIRECTOR
NAME	GEOFFREY RISEN
STREET ADDRESS	11111 BISCAYNE BLVD.
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	V-P + SECRETARY
NAME	SONORA R. RISEN
STREET ADDRESS	11111 BISCAYNE BLVD
CITY-ST-ZIP	NORTH MIAMI, FL 33181
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

Please notice change in address

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ 4/29/03 (305) 891-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #