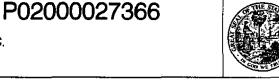
FILED Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90071 039 ***158.75

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

DOCUMENT # 1. Entity Name

ROSE CONSULTING, INC.



Principal Place of Business Mailing Address 15841 PINES BLVD #179 15841 PINES BLVD #179 11007962 PEMBROKE PINES FL 33027 PEMBROKE PINES FL 33027 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 4-1880050 Zip Country Zip Country Certificate of Status Desired 6. Name and Address of Current Registered Agent 7.-Name and Address of New Registered Agent ORTEGA, ELISA Street Address (P.O. Box Number is Not Acceptable) 15841 PINES BLVD #179 PEMBROKE PINES FL 33027 City 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)

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

DATE

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11.) President TITLE Delete TITLE **Change** ☐ Addition ROSE, PATH R NAME NAME R. Rose Patti 15841 PINES BLVD #179 STREET ADDRESS STREET ADDRESS Pines Blud PEMBROKE PINES FL 33027 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby 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

SIGNATURE: