


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000050839 1. Entity Name ROSALES INVESTMENTS, INC.	
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Principal Place of Business 16403 NW, 8TH AVENUE MIAMI, FL 33169	Mailing Address 17582 31ST RD N LOXAHATCHEE, FL 33470
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04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3661157	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

USE IF NEEDED IN THIS SPACE

6. Name and Address of Current Registered Agent ROSALES, ERNESTO 16403 NW, 8TH AVENUE MIAMI, FL 33169
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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: *Ernesto Rosales* **ERNESTO ROSALES** 4/23/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

1107000539890
05/09/06-80117-013 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ROSALES, ERNESTO 16403 NW, 8TH AVENUE MIAMI, FL 33169
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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: *Ernesto Rosales* **ERNESTO ROSALES** 4/23/06 561-315-4023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #