2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 05, 2008 08 Secretary of !

DOCUMENT # P02000058643 1. Entity Name ROSER, MERRY AND PARTNERS, INC.						Seci etai y
2101 W COMMERCIAL BLVD STE 4800		Aailing Address 2101 W COMMERCIAL BLVD STE 4800 FY LAUDERDALE, FL 33309		company of Salah (In) a	a))) 28))) 38(S N(S) 1	
				05132008 No C	hg-P CR2E034	
	O NOT WRITE I	N THIS SPA	OE.	FEI Number 03-0452031 Certificate of Status		Applied For Not Applicable 8.75 Additional
6. Name and Address of Current Registered Agent COHEN, MARK L 2101 W COMMERCIAL BLVD STE 4800 FT LAUDERDALE, FL 33309					T WRITE SPACE	e Required
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. Lam familiar with, and accept the obligations of registered agent. U00000352763 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when refinatising) DATE						
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008 9. Election Campaign Financing Trust Fund Contribution.				.00 May Be In acco	ordance with s. 607.19 atlon did not receive t	93(2)(b), F.S , the he prior notice.
10. TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRE D ROSER, LINDSAY 2101 W COMMERCIAL BLVD STE 46 FT LAUDERDALE, FL 33309 D MERRY, STEPHEN 2101 W COMMERCIAL BLVD STE 46	800				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT LAUDERDALE, FL 33309				T WRITE SPACE	
THE NAME SIMEET ADDRESS CITY-ST-21P						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. I hereby certify that the Information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Forda 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: SIGNATURE: SIGNATURE:						
		D NAME OF SIGNING OFFICER OR DIRECT	OR	Date	Dayth	ne Phone #