

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 08, 2004 8:00 am
Secretary of State

09-08-2004 90123 013 ***158.75

DOCUMENT # P02000062385

1. Entity Name
RUSSIAN ROSE OF THE FLORIDA KEYS, INC.



Principal Place of Business

**99411 OVERSEAS HWY
SUITE 1
KEY LARGO, FL 33037**

Mailing Address

**PO BOX 482 /
KEY LARGO, FL 33037
99411 Overseas Hwy
Suite 1, Key Largo FL 33037**

24083688



DO NOT WRITE IN THIS SPACE

08312004 No Chg-P CR2E034 (10/03)

4. FEI Number
81-0554769

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MILLER, DAVID J
306 LANCE LANE
KEY LARGO, FL 33037**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **MILLER, DAVID J**
STREET ADDRESS **306 LANCE LANE**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE **V**
NAME **MILLER, RAISA**
STREET ADDRESS **306 LANCE LANE**
CITY-ST-ZIP **KEY LARGO, FL 33037**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-04 305-451-2999

Date

Daytime Phone #