

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000074102

1. Entity Name

ROSENFELD FAMILY TRUST, INC.



Principal Place of Business

**8020 CRESPI BLVD, #1
MIAMI BCH, FL 33141**

Mailing Address

**8020 CRESPI BLVD, #1
MIAMI BCH, FL 33141**



04292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

06-1680792

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ROSENFELD, ROBERT
8020 CRESPI BLVD, #1
MIAMI BCH, FL 33141**

**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
After May 1, 2004 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.** ☐

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSENFELD, ROBERT
STREET ADDRESS	8020 CRESPI BLVD #1
CITY - ST - ZIP	MIAMI BEACH, FL 33141
TITLE	VPD
NAME	ROSENFELD, DAVID
STREET ADDRESS	8020 CRESPI BLVD #1
CITY - ST - ZIP	MIAMI BEACH, FL 33141
TITLE	SD
NAME	ROSENFELD, HELEN
STREET ADDRESS	8020 CRESPI BLVD #1
CITY - ST - ZIP	MIAMI BEACH, FL 33141
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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05/05/04-80056-023 150.00

**DO NOT WRITE
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

Date

Daytime Phone #

Robert Rosenfeld 4-20-04 305-868-7951