2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on a

SIGNATURE:

Feb 24, 2005 08:00 AM DOCUMENT # P02000074102 **Secretary of State** 1. Entity Name ROSENFIELD FAMILY TRUST, INC. Principal Place of Business Mailing Address 8020 CRESPI BLVD, #1 MIAMI BCH FL 33141 8020 CRESPI BLVD, #1 MIAMI BCH FL 33141 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 06-1680792 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROSENFIELD, ROBERT Street Address (P.O. Box Number is Not Acceptable) 8020 CRESPI BLVD, #1 MIAMI BCH FL 33141 City Zip Code 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE TITLE ☐ Delete Change ☐ Addition ROSEMFIELD, ROBERT NAME NAME 000000241802 8020 CRESPI BLVD #1 STREET ADDRESS STREET ADDRESS 02/24/05-80059-005 150.00 CITY-ST-ZIP MIAMI BEACH FL 33141 CITY-ST-ZIP TITLE ☐ Delete THEF ☐ Change ☐ Addition NAME ROSENFIELD, DAVID NAME STREET ADDRESS 8020 CRESPI BLVD #1 STREET ADDRESS CITY-ST-ZIP MIAMI BEACH FL, 33141 CITY-ST-ZIP ☐ Delete TETLE Change ☐ Addition NAME ROŜENFIÉLD, HELEN NAME STREET ADDRESS 8020 CRESPI BLVD #1 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ AdditIon ☐ Defete HILE Change NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath is same legal effect.

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