

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Aug 22, 2003 8:00 am
Secretary of State

08-22-2003 90108 045 ***150.00

0043361 AV

DOCUMENT # P02000086484
1. Entity Name
ROSA MALNATI DPM, INC



Principal Place of Business
**3185 SW 8TH ST.
MIAMI FL 33135**

Mailing Address
**3185 SW 8TH ST.
MIAMI FL 33135**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
36-4507443

Applied For
 Not Applicable

Zip Country Zip Country

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

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MALNATI, ROSA
251 174TH ST., APT. 1405
SUNNY ISLES BCH FL 33160**

New Address →

7. Name and Address of New Registered Agent
Name *Same*
Street Address (P.O. Box Number is Not Acceptable)
3225 NE 184TH ST, #10104
City **Aventura** FL Zip Code **33160**

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: *Rosa Malnati* *error 1201* DATE: **8/1/03**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALNATI, ROSA 251 174TH ST., APT. 1405 SUNNY ISLES BCH FL 33160	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	3225 NE 184TH ST, #10104 Aventura, FL 33160	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Rosa Malnati* DATE: **8/1/03** (305) 772-5882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)

Attachment 80140056
GERSTLE, ROSEN & ASSOCIATES, P.A.

Certified Public Accountants

Mark R. Gerstle, C.P.A.

Robert N. Rosen, C.P.A.

August 20, 2003

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302

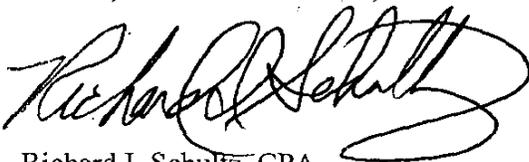
re: Rosa Malnati, DPM, Inc.
EIN 36-4507443
Doc. #P02000086484

Dear Sir or Madam,

Enclosed, please find the 2003 Uniform Business Report for the above mentioned company and a check for \$150. The officer has informed me that she never received the original reporting form that was mailed in the early part of this year. She did not realize that the report had not been filed until receiving the "second request" package. This was the first time the officer was aware of filing the report due to being incorporated in August 2002. We ask for your indulgence this one time, and accept the enclosed payment of \$150.00. This should not happen again as the officer is aware of the annual filing that must be done before May 1 of each year.

Thank you for your cooperation in this matter.

Yours truly,
Gerstle, Rosen & Associates, PA



Richard I. Schultz, CPA
For The Firm

enclosures

One Turnberry Place
19495 Biscayne Boulevard, Suite 705A
Aventura, Florida 33180
Dade (305) 937-0116
Broward (954) 389-1616
Boca Raton (561) 347-8917
Palm Beach (561) 687-2192
Fax (305) 937-0128

Compton Financial Center
980 North Federal Highway, Suite 205
Boca Raton, Florida 33432
Phone (561) 447-4000
Fax (561) 447-4004

5100 Tamiami Trail North
Suite 103
Naples, Florida 34103
Phone: (239) 262-1773
Fax: (239) 263-0166