2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000087109

1. Enlity Name
ROSE BROWN AMERICAS CORP.



FILED Mar 28, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

185 SE 14TH TERR #1604 MIAMI, FL 33131 185 SE 14TH TERR #1604 MIAMI, FL 33131

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

30222300 HO OH				
4. FEI Number	 - ·	Applied For		
46-0509425		Not Applicab		
		\$8.75 Additional		

5. Certificate of Status Desired

ANDONNE

\$8.75 Additional Fee Required

CR2E034 (11/05)

LUCAS, EDGARDO R

185 SE 14TH TERR #1604 MIAMI, FL 33131

CITY-ST-ZIP

NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

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	e named entity submits this statement for the patients of registered agent.	urpose of changing its registered offic	e or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and title t	f applicable. (NOTE: Registered Agent st	gnature	required when reinstaling)	QATE .		
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIRECT	TORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCAS, EDGARDO R PO BOX 491306 KEY BISCAYNE, FL 33149				DUCUUU483118		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PERFETTI, OFBLIA L PO BOX 491306 KEY BISCAYNE, FL 33149				04/11/06-90103-012 150.00		
TITLE NAME STREET ADDRESS							

DO NOT WRITE IN THIS SPACE

t2. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, 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:)X	do		3/2	24/06	
\$1	GNATURE AND TYPED OR PRI	TED NAME OF SIGNING	OFFICER OR DIRECTOR		Daysma Phone 9	