


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90073 038 \*\*\*150.00

<b>DOCUMENT # P03000012618</b>	
1. Entity Name <b>MARIE ROSE REALTY, INC.</b>	

Principal Place of Business <b>964 SW 81ST AVE. N. LAUDERDALE, FL 33068</b>	Mailing Address <b>964 SW 81ST AVE. N. LAUDERDALE, FL 33068</b>
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40007013



2. Principal Place of Business <b>964 SW 81 AVE</b>	3. Mailing Address <b>964 SW 81 AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01112005 Chg-P CR2E034 (10/03)

City & State <b>NORTH LAUDERDALE, FL</b>	City & State <b>NORTH LAUDERDALE, FL</b>
Zip <b>33068</b>	Country <b>US</b>
Zip <b>33068</b>	Country <b>US</b>

4. FEI Number <b>74-3078236</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>ALBERTINE, MICHAEL O 2200 W. COMMERCIAL BLVD., SUITE 102 FT. LAUDERDALE, FL 33309</b>	
7. Name and Address of New Registered Agent Name <b>MARIE ROSE PRESIDENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>964 SW 81 AVE</b> City <b>NORTH LAUDERDALE FL</b> Zip Code <b>33068</b>	

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 Marie Rose **MARIE ROSE** (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROSE, MARIE 3940 NW 42ND AVE., APT. 118 LAUDERDALE LAKES, FL 33319</b> <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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: Marie Rose **MARIE ROSE** 4/6/05 954-722-4168