## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 11, 2005 8:00 am Secretary of State 04-11-2005 90176 018 \*\*\*150.00 **DOCUMENT # P03000030974** 1. Entity Name ROSA VIDEO, INC. 50035783 Principal Place of Business Mailing Address 400 NW 27 AVE. 400 NW 27 AVE. MIAMI, FL 33125 MIAMI, FL 33125 04072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 26-0062276 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VALLE, ORLANDO DO NOT WRITE 400 NW 27 AVE. MIAMI, FL 33125 IN THIS SPACE 8. The above named the obligations of tity sybnits 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 SIGNATURE. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Election Campaign Financing . Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE VALLE, ORLANDO NAME STREET ADDRESS 400 NW 27 AVE. CiTY-ST-ZIP MIAMI, FL 33125 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-7iP 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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receipter or frustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if SIGNATURE: 7

**FILED**