

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90079 022 ***150.00

DOCUMENT # P03000030974
 1. Entity Name
 ROSA VIDEO, INC.



Principal Place of Business
 395 N ROYAL POINCIANA BLVD
 MIAMI, FL 33166

Mailing Address
 395 N ROYAL POINCIANA BLVD
 MIAMI, FL 33166

2. Principal Place of Business - No P.O. Box #
 2200 SW 16 street

3. Mailing Address
 2200 SW 16th street

Suite, Apt. #, etc.
 114

Suite, Apt. #, etc.
 Ste: 114

City & State
 Miami, Florida

City & State
 Miami, Florida

Zip
 33145

Country
 US

Zip
 33145

Country
 U.S.

40115

04302007 Chg-P CR2E034 (12/06)

4. FEI Number
 26-0062276

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

6. Name and Address of Current Registered Agent
 MONS, ROSA V
 395 N ROYAL POINCIANA BLVD
 MIAMI, FL 33166

7. Name and Address of New Registered Agent
 Name: Rosa V. Mons
 Street Address (P.O. Box Number is Not Applicable): 2200 SW 16th St #114
 City: Miami FL Zip: 33145

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 V. Mons* DATE: 04/20/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MONS, ROSA V 395 N ROYAL POINCIANA BLVD MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition EX: Rosa V. Mons 2200 SW 16 St #114 MIAMI, FL 33145
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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12. I hereby certify that the information supplied with this filing 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: *Rosa V. Mons* DATE: 04/20/07 DAYTIME PHONE #: 305-698-8494

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #