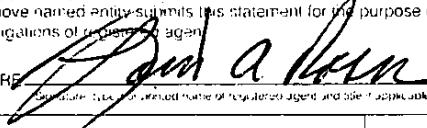
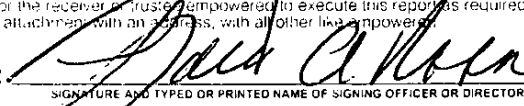


FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 026 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000105893			
1. Entity Name LOUIS ROSEN ENTERPRISES INC.			
Principal Place of Business 516 S. SPOONBILL WAY SARASOTA, FL 34236		Mailing Address 516 S. SPOONBILL WAY SARASOTA, FL 34236	
2. Principal Place of Business - No P.O. Box # 1330 MAIN STREET		3. Mailing Address 1330 MAIN STREET	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State SARASOTA, FL		City & State SARASOTA, FL	
Zip 34236		Zip 34236	
Country		Country	
6. Name and Address of Current Registered Agent ROSEN, LOUIS 516 S. SPOONBILL WAY SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name ROSEN, LOUIS Street Address (P.O. Box Number is Not Acceptable) 1330 MAIN STREET City SARASOTA FL 34236	
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  LOUIS A ROSEN 1-16-07 (NOTE: Registered Agent signature required when replacing agent.) DATE			
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 TITLE NAME STREET ADDRESS CITY-ST-ZIP P ROSEN, LOUIS 516 S SPOONBILL WAY SARASOTA FL 34236 ☒ Delete Delete Delete Delete Delete Delete		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP P ROSEN, LOUIS 1330 MAIN STREET SARASOTA, FL 34236 ☒ Change ☐ Addition Change Addition Change Addition Change Addition Change Addition	
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 any name appears in Block 10 or Block 11 if changed or on an attachment with an address, with all other like empowerments. SIGNATURE:  LOUIS A ROSEN 1/11/2007 (941) 954-1877 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			