


2006 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Mar 10, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000151559**

1. Entity Name  
ROSA & ASSOCIATES, INC.



Principal Place of Business      Mailing Address

2109 CARBINE CT      2109 CARBINE CT  
KISSIMMEE, FL 34743      KISSIMMEE, FL 34743



02222006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
56-2423010      Not Applicable

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

6. Name and Address of Current Registered Agent

ROSA, JAIME  
2109 CARBINE CT  
KISSIMMEE, FL 34743

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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	PD ROSA, JAIME 2109 CARBINE CT KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROSA, DALICE 2109 CARBINE CT KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JAVIER, EVELYN 2109 CARBINE CT KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JAVIER, JOSE F 2109 CARBINE CT KISSIMMEE, FL 34743
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000461793  
03/21/06-80010-003 150.00

**DO NOT WRITE IN THIS SPACE**

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jaime Rosa*      Date: 3/8/06      Daytime Phone # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR