


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2005 8:00 am**  
**Secretary of State**

03-24-2005 90033 042 \*\*\*150.00  
07-26-2005 90025 041 \*\*\*150.00

<b>DOCUMENT # P04000011540</b>	
1. Entity Name AROSA FLORIDA, INC.	

Principal Place of Business 4710 NW 2ND AVE STE 101 BOCA RATON, FL 33431	Mailing Address FALKENSTRASSE 4 8008 ZURICH SWITZERLAND, XX
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**00057609**

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1031 BAUHINIA ROAD Suite, Apt. #, etc.
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City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
Zip 33483	Country USA



06222005 Chg-P CR2E034 (10/03)

4. FEI Number 20-1771397	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BRUNTON REGISTERED AGENTS INC. 4710 NW BOCA RATON BLVD., SUITE 101 BOCA RATON, FL 33431	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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)  
Signature, typed or printed name of registered agent and title if applicable. DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUEHLMANN, HEINZ 4710 NW 2ND AVE STE 101 BOCA RATON, FL 33431 <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 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:    
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #