

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90040 018 ***150.00

DOCUMENT # P04000026243

1. Entity Name
ROSARIO'S CARPENTRY, CROP.



Principal Place of Business
**6355 NW 36 ST #407
VIRGINIA GARDENS, FL 33166**

Mailing Address
**6355 NW 36 ST #407
VIRGINIA GARDENS, FL 33166**

40094633



DO NOT WRITE IN THIS SPACE

05232006 No Chg-P CR2E034 (11/05)

4. FEI Number
20-0710458

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**FRANCO, EMILIANO
101 SW 13 ST
APT. # 108
MIAMI, FL 33130**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP FRANCO, EMILIANO 101 SW 13 ST APT# 108 MIAMI, FL 33130
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**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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: E. Franco Emiliano Franco

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/23/06

Date

305-871-2525

Daytime Phone