

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000037755

1. Entity Name
DEROSE TECHNOLOGIES, INC.



Principal Place of Business
470 SOUTH ANDREWS AVENUE
SUITE 206
POMPANO BEACH, FL 33069

Mailing Address
470 SOUTH ANDREWS AVENUE
SUITE 206
POMPANO BEACH, FL 33069



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0878435

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DEROSE, CHRISTOPHER
470 SOUTH ANDREWS AVENUE
SUITE 206
POMPANO BEACH, FL 33069

**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
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE D
NAME DEROSE, CHRISTOPHER
STREET ADDRESS 470 SOUTH ANDREWS AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE D
NAME DEROSE, LAWRENCE
STREET ADDRESS 470 SOUTH ANDREWS AVENUE
CITY-ST-ZIP POMPANO BEACH, FL 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

000000735843
01/29/08-80008-009 150.00

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-09 954942-7703
Date Daytime Phone #