

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2005 8:00 am
Secretary of State

02-11-2005 90027 034 ***150.00

DOCUMENT # P04000042588

1. Entity Name
ROSALIE CANDELARIO, INC.



Principal Place of Business
2727 W FLETCHER AVE #580
TAMPA, FL 33618

Mailing Address
2727 W FLETCHER AVE #580
TAMPA, FL 33618

40016667



2. Principal Place of Business

775 182nd AVE E

Suite, Apt. #, etc.

3. Mailing Address

775 182nd AVE E

Suite, Apt. #, etc.

01112005

Chg-P

CR2E034 (10/03)

City & State

REDINGTON SHORES, FL

City & State

REDINGTON SHORES, FL

4. FEI Number

20-0794913

Applied For

Not Applicable

Zip

33708

Country

USA

Zip

33708

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CANDELARIO, ROSALIE
2727 W FLETCHER AVE #580
TAMPA, FL 33618

Name

Street Address (P.O. Box Number is Not Acceptable)

775 - 182nd AVE E

City

REDINGTON SHORES

FL

Zip Code

33708

7. Name and Address of New Registered Agent

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

Rosalie Candelario

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

(NOTE: Registered Agent signature required when reinstating)

2/9/05

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 ROSALIE CANDELARIO
775 - 182nd AVE E
REDINGTON SHORES, FL 33708

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

☐ Addition

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CITY-ST-ZIP

☐ Change

☐ Addition

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: *Rosalie Candelario*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05

Date

Daytime Phone #