2005 FOR PRUFIL CUR J ALIU ANNUAL REPORT (AR)

SIGNATURE:

FILED Mar 08, 2005 8:00 am DOCUMENT # P04000105599 1. Entity Name -**Secretary of State** RED ROSE'S AUTO SALE'S, INC. 03-08-2005 90162 042 ***158.75 Principal Place of Business Mailing Address 913 SOUTH US HWY 27 AYON PARK FL 33825 913 SOUTH US HWY 27 **AVON PARK FL 33825** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State Not Applicable Zip Country Ζiρ Country \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSE, REBECCA D Street Address (P.O. Box Number is Not Acceptable) 1304 KAR-LO STREET SEBRING FL 33875 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PRES TITLE TITLE Delete ☐ Change ☐ Addition ROSE, REBECCA D NAME NAME 1304 KAR-LO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SEBRING FL 33875 CITY-ST-ZIP VP TITLE Delete TITLE ☐ Change ■ Addition ROSE, REBECCA D NAME NAME STREET ADDRESS STREET ADDRESS 1304 KAR-LO STREET CITY-ST-ZIP CITY - S1 - 71P SEBRING FL 33875 TILLE SEC-Delete TITLE Change ☐ AddItion NAME ROSE, REBECCA D NAME STREET ADDRESS STREET ADDRESS 1304 KAR-LO STREET CITY-ST-ZIP CITY-ST-ZIP SEBRING FL 33875 TREA TITLE TITLE Change ■ Addition ☐ Delete ROSE, REBECCA D NAME NAME STREET ADDRESS 1304 KAR-LO STREET STREET ADDRESS SEBRING FL 33875 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE Delete ROSE, REBECCA D NAME NAM.E 1304 KAR-LO STREET STREET ADDRESS STREET ADDRESS SEBRING FL 33875 CITY-ST-7IP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-7IP 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.