2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000107622

1. Entity Name
ROSE DEVELOPMENT AND UTILITIES, INC.

Principal Place of Business	Mailing Address
8411 NW 172 STREET HIALEAH, FL 33015	8411 NW 172 STREET HIALEAH, FL 33015

DO NOT WRITE IN THIS SPACE

03192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
01-0821788	Not Applicable

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

6. Name and Address of Current Registered Agent

ROSE, DAVID
8411 NW 172 STREET
HIALEAH, FL 33015

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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 _____
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, 2007 Fee will be $550.00

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

10.	OFFICERS AND DIRECTORS
TITLE	PD
NAME	ROSE, DAVID
STREET ADDRESS	8411 NW 172 STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	STVD
NAME	ROSE, HEATHER
STREET ADDRESS	8411 NW 172 STREET
CITY-ST-ZIP	HIALEAH, FL 33015
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000710031
04/25/07-80025-025 150.00

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: _____ David B Rose   4-13-07   305-986-3555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #