


**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90028 025 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

3/

<b>DOCUMENT # P04000108602</b>					
1. Entity Name <b>ROSE BANQUET HALL, INC.</b>					
Principal Place of Business 9377 SW 56 ST MIAMI, FL 33165			Mailing Address 9377 SW 56 ST MIAMI, FL 33165		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ARIAS, ALBERTO</b> 9377 SW 56 ST MIAMI, FL 33165			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b>    Zip Code         </div>		
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 _____ (NOTE: Registered Agent signature required when reappointing)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARIAS, ALBERTO		NAME		
STREET ADDRESS	9377 SW 56 ST		STREET ADDRESS		
CITY - ST - ZIP	MIAMI, FL 33165		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>Vice president</b>	
STREET ADDRESS			STREET ADDRESS	<b>Oswald Gonzalez</b>	
CITY - ST - ZIP			CITY - ST - ZIP	<b>9377 SW 56 ST MIAMI FL 33165</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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: <u>Alberto Arias</u>				3/10/05	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	

66011285

