## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 16, 2008 08:00 A Secretary of State DOCUMENT # P04000146012 ROSELLA ENTERPRISES, INC. Principal Place of Business Mailing Address 1112 BANANA RIVER DR. 1112 BANANA RIVER DR. INDIAN HARBOUR BCH, FL 32937 INDIAN HARBOUR BCH, FL 32937 No Cha-P CR2E034 (11/05) 04122008 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 41-2160254 Not Applicable \$2.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE MEYROSE, DAVID 1112 BANANA RIVER DR. IN THIS SPACE INDIAN HARBOUR BCH, FL 32937 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, twoed or printed name of registered agent and bile if applicable. (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS 35 0000009011475536 n TITLE 04%29%08%80058%010%150100 NAME MEYROSE, DAVID STREET ADDRESS 1112 BANANA RIVER DR. INDIAN HARBOUR BCH, FL 32937 CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP



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Daytime Phone #