

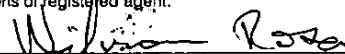
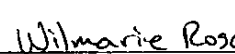
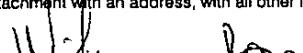
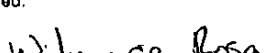


FILED
May 02, 2005 8:00 am
Secretary of State

14014217

| | | | | | |
|---|----------------------------|--|---|--|-----------------------------------|
| DOCUMENT # P04000149412 | |  | | 05-02-2005 90414 015 ***158.75 | |
| 1. Entity Name ROSA CRUZ, INC | | | | | |
| Principal Place of Business 6150 SW 112 STREET PINECREST, FL 33156 | | Mailing Address 6150 SW 112 STREET PINECREST, FL 33156 | | 14014217 | |
| 2. Principal Place of Business 18495 S. Dixie Hwy. | | 3. Mailing Address 18495 S. Dixie Hwy | |  | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 04262005 Chg-P CR2E034 (10/03) | |
| City & State Miami FL | | City & State Miami FL | | 4. FEI Number 201828386 | |
| Zip 33157 | | Zip 33157 | | Applied For Not Applicable | |
| Country US | | Country US | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| ROSA, WILMARIE 6150 SW 112 STREET PINECREST, FL 33156 | | | | Name ROSA, WILMARIE | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) 18495 S. Dixie Hwy | |
| | | | | City Miami | |
| | | | | FL Zip Code 33157 | |
| 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  | | DATE 4-26-05 | |
| 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, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | ROSA, WILMARIE | | NAME | | |
| STREET ADDRESS | 6150 SW 112 STREET | | STREET ADDRESS | | |
| CITY - ST - ZIP | PINECREST, FL 33156 | | 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 | | |
| 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:  | | SIGNATURE:  | | DATE 4/26/05 | |
| Signature and typed or printed name of signing officer or director | | Signature and typed or printed name of signing officer or director | | Daytime Phone # 305-238-2242 | |