2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000162846 1. Entity Name EDNA ROSEN, P.A.



FILED Apr 05, 2006 08:00 AM Secretary of State

Principal Place of Business

21244 HARBOR WAY

UNIT 216

AVENTURA, FL 33180

Mailing Address

21244 HARBOR WAY UNIT 216

AVENTURA, FL 33180



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03282006	No Chg-P	CR2E034 (11/05)

Applied For 4. FEI Number 20-2050043 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

ROSEN, EDNA 21244 HARBOR WAY UNIT 216 AVENTURA, FL 33180				DO NOT WRITE IN THIS SPACE			
8. The above the obligati	named entity submits this statement for the plons of registered agent.	urpose of changing its registered	l office of re	agistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept		
SIGNATURE_	Signature, typed or printed name of registered agent and the ti	Capplicable. (NOTE. Registered)	Agent signature required when relinitating) OATE				
	E NOWIII FEE 18 \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	ing 📋	\$5.00 May Be Added to Fees			
TO. TITLE NAME STREET ADDRESS CITY-S7-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D ROSEN, EDNA 21244 HARBOR WAY UNIT 216 AVENTURA, FL 33180	TORS			U00000492186 04/19/06-80055-018 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			DO NOT WRITE IN THIS SPACE				
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							

12. I hereby certify that the information supplied with this filing does not quality 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 of true of the corporation or the receiver of true of the corporation or the receiver of true of the corporation of the corp

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR