2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: _

FILED Jan 20, 2006 8:00 am Secretary of State

DOCUMENT # P05000038410 1. Entity Name ROSMEL INVESTMENTS, INC. Principal Place of Business Mailing Address					01-20-2006 90028 010 ***158.75			
15244 SW 29 TERR 15244 SW 29 TERR MIAMI, FL 33185 MIAMI, FL 33185								
	lace of Business							
Suite, Apt. #, etc. Suite, Apt. #, etc.					01112006	Chg-P	CR2E034 (11/05	<u>,</u>
City & State					4. FEI Number	20-272	/ \ \ ↑ \ \ \ →	Applied For Not Applicable
Zip	p Country / Zip Cou		Countr	ry	5. Certificate of	of Status Desired	\$8.75 Ar Fee Requir	dditional red
6. Name and Address of Current Registered Agent				Name	7. Name and	Address of New Re	egistered Agent	
MARTINEZ, ALINA				Street Address (P.O. Box Number is Not Acceptable)				
15244 SW 29 TERR MIAMI, FL 33185				Street Address (F.O. DOX INDITIDE IS INDIPAGEPHABLE)				
				0:		<u> </u>		
				City		<u>.</u>	FL Zip Co	
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 N A								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0		tribution.		.00 May Be led to Fees			
10.	OFFICERS AND D	DIRECTORS Delete	11.		ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTO	
NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ, ALINA 15244 SW 29 TERR MIAMI, FL 33185	□ Delete	NAME STREE	T ADDRESS ST-ZIP			Onange	LT ABORIUM
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	1				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Change	Addition
of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, w	true and accurate and that i wered to execute this report	my signati t as requir	ure shall have the	same legal effect	as if made under d	oath; that I am an offic	er or director