

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90055 029 \*\*\*150.00

<b>DOCUMENT # P05000090793</b>	
1. Entity Name ROSE TRANSPORTATION CORP	



Principal Place of Business 59 WEST 8 STREET SUITE 2 HIALEAH, FL 33010 US	Mailing Address 59 WEST 8 STREET SUITE 2 HIALEAH, FL 33010 US
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40117072



2. Principal Place of Business - No P.O. Box # 59 WEST 8 ST #2	3. Mailing Address 949 Old Orchard Rd
Suite, Apt. #, etc. #2	Suite, Apt. #, etc.
City & State Hialeah Florida	City & State CHARLESTOWN N.H.
Zip 33010	Zip 06303
Country DADE	Country

05042007 Chg-P CR2E034 (12/06)

4. FEI Number 20-3056209	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent KV CARRIER SERVICES INC 11500 NW SOUTH RIVER DR SUITE 8 MEDLEY, FL 33178	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00  
Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLORES, ROSA A 59 WEST 8TH STREET APT2 HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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: [Signature] 5/16/07 786 5127073  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #