

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000091495

FILED
Jul 24, 2008
Secretary of State

Entity Name: EUGENE ROSE INC.

Current Principal Place of Business:

13499 BISCAYNE BLVD #1209
NORTH MIAMI, FL 33131

New Principal Place of Business:

823 NE 199TH STREET #203
NORTH MIAMI BEACH, FL 33179

Current Mailing Address:

13499 BISCAYNE BLVD #1209
NORTH MIAMI, FL 33131

New Mailing Address:

823 NE 199TH STREET #203
NORTH MIAMI BEACH, FL 33179

FEI Number: 54-0549090

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INIJE, CHARLES
06499 NE 19TH AVE.
#213A
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DONALDSON, OWEN
Address: 13499 BISCAYNE BLVD #1209
City-St-Zip: NORTH MIAMI, FL 33131

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DONALDSON, OWEN
Address: 823 NE 199TH STREET#203
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP () Change (X) Addition
Name: PENNELLI, NANCY A
Address: 823 NE 199TH STREET#203
City-St-Zip: NORTH MIAMI BEACH, FL 33179

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OWEN DONALDSON

P

07/24/2008

Electronic Signature of Signing Officer or Director

_____ Date