

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-11-2006 90015 011 ***150.00
04-28-2006 90145 014 ***150.00

DOCUMENT # P05000119770

1. Entity Name
ROSEDALE HOLDINGS, INC.



Principal Place of Business
**201 E PINE ST STE 500
ORLANDO, FL 32801**

Mailing Address
**201 E PINE ST STE 500
ORLANDO, FL 32801**

66022408



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

07032006 Chg-P CR2E034 (11/05)

4. FEI Number
20-3384733

☒ Applied For
☒ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**GREENSPOON MARDER, P.A.
ATTN: N. DWAYNE GRAY, JR., ESQUIRE
201 E PINE STREET STE 500
ORLANDO, FL 32801**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 removing)

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

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

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, WILLIAM 105 WEST BEAVER CREEK, UNITS 9 & 10 RICHMOND HILL, ONTARIO, CA L4B1C6 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCCHESI, FABRIZIO 105 WEST BEAVER CREEK, UNITS 9 & 10 RICHMOND HILL, ONTARIO, CA L4B1C6 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: **X** *Fab Lucchese* **July 4/06** **1-905-8821212**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dursing Phone #