

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2007 8:00 am
Secretary of State

03-27-2007 90010 040 ***150.00

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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**

40046011



03092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3384733

Applied For
Not Applicable

6. 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**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MYERS, WILLIAM
105 WEST BEAVER CREEK, UNITS 9 & 10
RICHMOND HILL, ONTARIO, CA, L4B1C6**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
LUCCHESI, FABRIZIO
105 WEST BEAVER CREEK, UNITS 9 & 10
RICHMOND HILL, ONTARIO, CA, L4B1C6**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Fabrizio Lucchese

March 22, 07

*905882
1212*