

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2008 08:00 A
Secretary of State

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



02072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000347197
03/19/08-80010-013 150.00

10. OFFICERS AND DIRECTORS

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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

2/22/05
Date

407-425-6559
Daytime Phone #