


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 18, 2008 8:00 am
Secretary of State

04-18-2008 90037 018 ***150.00

DOCUMENT # P06000000384 1. Entity Name ROSEMONT CLEANERS 441, INC	
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Principal Place of Business 5752 N ORANGE BLOSSOM TRL ORLANDO, FL 32810	Mailing Address 5752 N ORANGE BLOSSOM TRL ORLANDO, FL 32810
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DO NOT WRITE IN THIS SPACE

	
04092008 No Chg-P	CR2E034 (11/05)
4. FEI Number 20-4022210	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ PARRA, JAVIER E
 5752 N ORANGE BLOSSOM TRL
 ORLANDO, FL 32810

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

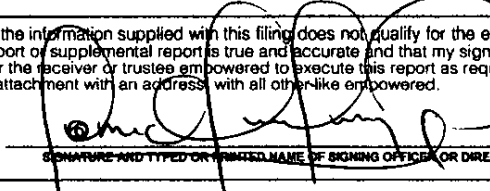
FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTINEZ PARRA, JAVIER E 5752 N. ORANGE BLOSSOM TRL ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GUERRERO-SALGADO, BLANCA N 5752 N. ORANGE BLOSSOM TRL ORLANDO, FL 32810
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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:  **04/08/08** **4072970441**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #