


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90076 007 ***150.00

DOCUMENT # P06000094305 1. Entity Name ROSI'S SECRET WARE, INC.					
Principal Place of Business 1941 SO. MILITARY TRAIL, E-17 WEST PALM BEACH, FL 33415			Mailing Address 1941 SO. MILITARY TRAIL, E-17 WEST PALM BEACH, FL 33415		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1574 FOREST LAKE CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT C		01222007 Chg-P CR2E034 (12/06)	
City & State		City & State WEST PALM BEACH, FL		4. FEI Number 20-5241857	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33406		Country		Applied For Not Applicable	
6. Name and Address of Current Registered Agent VARGAS, ROSAURA 1941 SO. MILITARY TRAIL, E-17 WEST PALM BEACH, FL 33415			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 reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VARGAS, ROSAURA 1574 FOREST LAKE CIRCLE, APT. C WEST PALM BEACH, FL 33406		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: ROSAURA VARGAS SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/22/07 (561)214-5814 Date Daytime Phone #		