

FROM : a0d0

FAX NO. : 3054086536

FILED
May 29, 2008 8:00 am
Secretary of State

04-28-2008 90321 006 ***150.00

**2008 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000099327																																																																																									
1. Entity Name ROSE'S FABRICS AND SALES INC																																																																																									
Principal Place of Business 11865 SW 26TH ST SUITE E-10 MIAMI, FL 33175 US			Mailing Address 6301 SW 138 COURT #5 MIAMI, FL 33183 US																																																																																						
2. Principal Place of Business - No P.O. Box #			3. Mailing Address																																																																																						
Suite, Apt. #, etc.			Suite, Apt. #, etc.																																																																																						
City & State			City & State																																																																																						
Zip		Country		Zip																																																																																					
Country		Country		04012008 Chg-F CR2E034 (12/06)																																																																																					
4. FPI Number 20-5334443				Applied For ☐ Not Applicable																																																																																					
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required																																																																																					
6. Name and Address of Current Registered Agent GUEVARA, ROSA M 6301 SW 138 COURT #5 MIAMI, FL 33183				7. Name and Address of New Registered Agent																																																																																					
Name				Name																																																																																					
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)																																																																																					
City				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 _____ Signature, name or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) 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																																																																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>TITLE</td> <td>NAME</td> </tr> <tr> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> <td>STREET ADDRESS</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> <td>CITY-ST-ZIP</td> </tr> <tr> <td></td> <td>☐ Delete</td> <td></td> <td>☐ Change ☐ Addition</td> </tr> </table>						10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE	NAME	TITLE	NAME	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	TITLE	NAME	TITLE	NAME	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	TITLE	NAME	TITLE	NAME	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	TITLE	NAME	TITLE	NAME	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition	TITLE	NAME	TITLE	NAME	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP		☐ Delete		☐ 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 without addition, with all other like empowered.																																																																																									
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR																																																																																									

66012611

#P06000099327

**IRS**

DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
P.O. BOX 9003
HOLTSVILLE NY 11742-9003

002454.310998.0007.001 2 MB 0.563 1010

Full Name: _____

ROSE S FABRICS AND SALES INC
% ROSA M GUEVARA
6301 SW 138 COURT 5
MIAMI FL 33183

Date of this notice: 08-14-200

Employer Identification Number:
20-5334443

Form: SS-4

Number of this notice: CP 575

**For assistance you may call us
1-800-829-4933**

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 20-5334443. This EIN will identify your business account, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, please use the label we provided. If this isn't possible, it is very important that you use your EIN and complete name and address exactly as shown above on all federal tax forms, payments and related correspondence. Any variation may cause a delay in processing, result in incorrect information in your account or even cause you to be assigned more than one EIN. If the information isn't correct as shown above, please correct it using tear off stub from this notice and return it to us so we can correct your account.

Based on the information from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1120

03/15/2007

If you have questions about the form(s) or the due date(s) shown, you can call or write to us at the phone number or address at the top of the first page of this letter. If you need help in determining what your tax year is, see Publication 536, Accounting Periods and Methods, available at your local IRS office or you can download this Publication from our Web site at www.irs.gov.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination on your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue.)