

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P06000121154

**FILED**  
**Sep 24, 2008**  
**Secretary of State****Entity Name:** ROSARIO MARIO INC.**Current Principal Place of Business:**2890 RICKERBACKER TRAIL  
PORT ORANGE, FL 32128 US**New Principal Place of Business:****Current Mailing Address:**2890 RICKERBACKER TRAIL  
PORT ORANGE, FL 32128 US**New Mailing Address:****FEI Number:** 20-5604720**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**VINCI, ROSARIO  
108 EDDY LANE  
PORT ORANGE, FL 32129 US**Name and Address of New Registered Agent:**KORMAN, PAUL  
2890 RICKENBACKER TRAIL  
PORT ORANGE, FL 32128 US

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.

SIGNATURE: PAUL KORMAN

09/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: KORMAN, PAUL  
Address: 2890 RICKERBACKER TRAIL  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: PRES (X) Delete  
Name: VINCI, ROSARIO  
Address: 108 EDDY LANE  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: SEC (X) Delete  
Name: VINCI, SUNIA  
Address: 108 EDDY LANE  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: TREA ( ) Delete  
Name: EWANYK, ANDREW H  
Address: PO BOX 290669  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: DIR ( ) Delete  
Name: LAURENCE, VIVIAN  
Address: 103 SILVER FEAN CT  
City-St-Zip: PORT ORANGE, FL 32128

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES (X) Change ( ) Addition  
Name: KORMAN, PAUL  
Address: 2890 RICKERBACKER TRAIL  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V-P (X) Change ( ) Addition  
Name: VIVIAN, LAURENCE  
Address: 103 SILVER FEAN CT  
City-St-Zip: PORT ORANGE, FL 32128

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANDREW EWANYK

TRES

09/24/2008

Electronic Signature of Signing Officer or Director

Date