2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 09, 2008 8:00 am
Secretary of State

04-16-2008 90018 001 ***150.00

DOCUMENT # P07000063837

1. Entity Name
ROSE LUBIN ENTERPRISES INC

Principal Place of Business	Mailing Address
405 MARLBERRY LEAF AVE KISSIMMEE, FL 34758	405 MARLBERRY LEAF AVE KISSIMMEE, FL 34758

66013724

03032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
280 Patterson Rd	P.O. Box 2706
Suite, Apt #, etc: Suit # 2	Suite, Apt. #, etc: Davenport FL
City & State: Haines City FL	City & State:
Zip: 33844 County: Polk	Zip: 33836 Country: Polk

4. FEI Number 26-0263251 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LUBIN, ROSE M
405 MARLBERRY LEAF AVE
KISSIMMEE, FL 34758

7. Name and Address of New Registered Agent

Name: Rose Lubin Enterprise, inc
Street Address (P.O. Box Number is Not Acceptable): P.O.Box 2706
City: Davenport FL, FL Zip Code: 33836

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUBIN, ROSE M	NAME	
STREET ADDRESS	405 MARLBERRY LEAF AVE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34758	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LUBIN, RONALD	NAME	
STREET ADDRESS	405 MARLBERRY LEAF AVE	STREET ADDRESS	
CITY-ST-ZIP	KISSIMMEE, FL 34758	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: Rose M Lubin   Ronald Lubin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #