

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

04-14-2008 90068 039 ***150.00

DOCUMENT # P07000093572			
1. Entity Name ROSEMARIE'S SUPPORT SERVICES INC.			
Principal Place of Business 135 CORDOBA CIRCLE ROYAL PALM BEACH, FL 33411		Mailing Address 135 CORDOBA CIRCLE ROYAL PALM BEACH, FL 33411	
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
4. FEI Number 743228624		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		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 _____ 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 _____ NAME Rosemarie Brown ☐ Delete STREET ADDRESS 135 cordoba circle CITY-ST-ZIP RPB FL 33411	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME Rosemarie Brown ☐ Delete STREET ADDRESS 135 cordoba circle CITY-ST-ZIP RPB FL 33411	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME Treasurer ☐ Delete STREET ADDRESS Rosemarie Brown CITY-ST-ZIP 135 cordoba circle RPB FL 33411	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE _____ NAME _____ STREET ADDRESS _____ 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: R. Brown		4/7/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	