
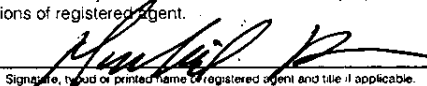
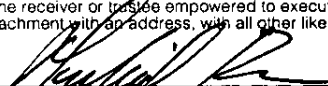


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90399 050 ***150.00

DOCUMENT # P07000106041					
1. Entity Name MICHAEL A. ROSEN, P.A.					
Principal Place of Business 399 ALHAMBRA CIRCLE SUITE 801 CORAL GABLES, FL 33156			Mailing Address 5745 SW 119TH ST CORAL GABLES, FL 33156		
2. Principal Place of Business - No P.O. Box # 355 Alhambra Circle		3. Mailing Address Suite, Apt. #, etc. Suite 801			
City & State Coral Gables, FL		City & State Coral Gables, FL			
Zip 33134		Country U.S.A.		4. FEI Number 51-065137	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent ROSEN, MICHAEL A 399 ALHAMBRA CIRCLE SUITE 801 CORAL GABLES, FL 33134			7. Name and Address of New Registered Agent Name Michael A. Rosen Street Address (P.O. Box Number is Not Acceptable) 355 Alhambra Circle Suite 801 City Coral Gables FL Zip Code 33134		
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  DATE 4/24/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P ROSEN, MICHAEL A 399 ALHAMBRA CIRCLE, STE. 801 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael A. Rosen 355 Alhambra Circle, Suite 801 Coral Gables, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael A. Rosen 355 Alhambra Circle, Suite 801 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael A. Rosen 355 Alhambra Circle, Suite 801 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Michael A. Rosen 355 Alhambra Circle, Suite 801 Coral Gables, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  DATE 4/24/08 786-364-8410 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					