


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90048 016 ***150.00

DOCUMENT # P07000110017 1. Entity Name NUBIAROSEMEDIA,INC			
Principal Place of Business 2790 N.BROWARD BLVD FORT LAUDERDALE, FL 33312		Mailing Address 2790 N.BROWARD BLVD FORT LAUDERDALE, FL 33312	
2. Principal Place of Business - No P.O. Box # 2790 W. BROWARD BLVD Suite, Apt. #, etc.		3. Mailing Address 2790 W. BROWARD BLVD Suite, Apt. #, etc.	
City & State FORT LAUDERDALE, FL Zip 33312		City & State FORT LAUDERDALE, FL Zip 33312	
Country USA		Country USA	
4. FEI Number 26-1242688		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COHEN, NUBIA R MRS 2790 N.BROWARD BLVD FORT LAUDERDALE, FL 33312		7. Name and Address of New Registered Agent Name COHEN, NUBIA R MRS Street Address (P.O. Box Number is Not Acceptable) 2790 W. BROWARD BLVD City FORT LAUDERDALE, FL Zip Code 33312	
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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME COHEN, NUBIA R MRS. STREET ADDRESS 2790 N.BROWARD BLVD CITY-ST-ZIP FORT LAUDERDALE, FL 33312	<input type="checkbox"/> Delete	TITLE P NAME COHEN, NUBIA R MRS STREET ADDRESS 2790 W. BROWARD BLVD CITY-ST-ZIP FORT LAUDERDALE, FL 33312	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <i>NUBIA R COHEN</i> NUBIA R COHEN		Date <i>1/17/08</i> Daytime Phone # <i>(954) 684-6421</i>	