

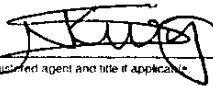
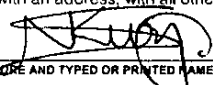


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2008 8:00 am
Secretary of State

08-25-2008 90005 030 ***150.00

DOCUMENT # P07000115998 1. Entity Name ROSY RAGS INTERNATIONAL, INC.					
Principal Place of Business 12441 N.W. 15 STREET SUITE # 5102 SUNRISE, FL 33323				Mailing Address 12441 N.W. 15 STREET SUITE # 5102 SUNRISE, FL 33323	
2. Principal Place of Business - No P.O. Box # 4250-NW-35 CT		3. Mailing Address 4250-NW-35 CT			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		08142008 Chg-P CR2E034 (12/06)	
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number 13 4366803	
Zip 33142		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent FAROOQ, FRASAT 8234 GRIFFIN ROAD DAVIE, FL 33328			7. Name and Address of New Registered Agent Name SHIRAZALI KURSI Street Address (P.O. Box Number is Not Acceptable) 13900 LAKE PLACID CT. APT A24 City MIAMI LAKES FL Zip Code 33014		
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  SHIRAZALI KURSI Aug 18/08 DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KURJI, SHIRAZALI N 5561 S.W. 11TH STREET, APT # C MARGATE, FL 33068	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KURSI, SHIRAZALI N. 13900 LAKE PLACID CT. APT A24 MIAMI LAKES, FL. 33014	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition			
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:  Aug 18/08 305-766-4579					