

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
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DOCUMENT # 910000102783

1. Entity Name

ROSARIO'S III CORP.



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2. Principal Place of Business - No P.O. Box #

2955 SW 131st AVE

Suite, Apt. #, etc.

3. Mailing Address

2955 SW 131st AVE

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

MIRAMAR, FL

Zip

33027

Country

City & State

MIRAMAR - FL

Zip

33027

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name GABRIELA GOMEZ

Street Address (P.O. Box Number is Not Acceptable)

2955 SW 131st AVE

City MIRAMAR

FL

Zip Code

33027

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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 re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

besttax1040@yahoo.com

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GABRIELA GOMEZ
2955 SW 131st AVE
MIRAMAR, FL - 33027

TITLE
NAME
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05/04/11--01036--020 **150.00

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15 F.S.

SIGNATURE:

Gabriela Gomez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/20/11

(305) 924-4229