

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P92000010916

FILED
Apr 30, 2007
Secretary of State

Entity Name: EXECUTIVE OFFICES OF ROSA & ASSOCIATES, INC.

Current Principal Place of Business:

7310 W MCNAB RD
210
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7310 W MCNAB RD
#210
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 65-0941675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSA, MICHELLE
7310 WEST MCNAB ROAD
210
TAMARAC, FL 33321 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: SEC, () Delete
Name: ROSA-PASCUCCI, JENNIE
Address: 334 E RIVERBEND DRIVE
City-St-Zip: SUNRISE, FL 33326

Title: P () Delete
Name: ROSA-GONZALEZ, MICHELLE
Address: 334 EAST RIVERBEND DRIVE
City-St-Zip: SUNRISE, FL 33326

Title: VP () Delete
Name: SANTIAGO, JENNETH
Address: 212 UNDERHILL STREET
City-St-Zip: YONKERS, NY 10710

Title: VP () Delete
Name: ROSA, MARGARET
Address: 121 WELLINGTON COURT #1L
City-St-Zip: STATEN ISLAND, NY 10314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELLE ROSA-GONZALEZ

P

04/30/2007

Electronic Signature of Signing Officer or Director

Date