

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P93000045399

1. Entity Name

ROSANNE'S ENTERPRISES, INC.



Principal Place of Business

13361 LA MIRADA CIRCLE
WELLINGTON, FL 33414 US

Mailing Address

13361 LA MIRADA CIRCLE
WELLINGTON, FL 33414 US

FILED

05 APR 25 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten signature and date: 4/25



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0418684

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BAVERO, ROSANNE
13361 LA MIRADA CIRCLE
WELLINGTON, FL 33414

**DO NOT WRITE
IN THIS SPACE**

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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVST
BAVERO, ROSANNE
13361 LA MIRADA CIRCLE
WELLINGTON, FL 33414

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

800051923258
04/26/05--01002--002 **150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROSANNE BAVERO

4/21/05 561-784-0096
561-856-495X
Date Daytime Phone #