2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Jan 24, 2008 08:00 AN **DOCUMENT # P94000001024** Secretary of State 1. Entity Name ROSALEDA ENTERPRISES, INC. Principal Place of Business Mailing Address 840 MANN ROAD 840 MANN ROAD BARTOW, FL 33830 BARTOW, FL 33830 01172008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3217437 Not Applicable 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent NOBO, LAURA DO NOT WRITE 840 MANN RD BARTOW, FL 33830 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 it applicable (NOTE: Registered Agent signature required when reinstating) U000000795398 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/28/08-80045-020 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE NOBO, LAURA C NAME STREET ADDRESS 840 MANN ROAD CITY-ST-ZIP BARTOW, FL 33830 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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

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