

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90058 002 \*\*\*158.75

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03162005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P94000003837</b> 1. Entity Name ROSARIO CONSTRUCTION CORPORATION					
Principal Place of Business 14890 S.W. 82 ST. MIAMI, FL 33193 US			Mailing Address 14890 S.W. 82 ST. MIAMI, FL 33193 US		
2. Principal Place of Business <i>245 SW 133 CT.</i>		3. Mailing Address <i>245 SW 133 CT.</i>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <i>Miami-Dade</i>		City & State <i>Miami-Dade</i>		4. FEI Number 65-0466677	
Zip <i>33184</i>		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  CASUSO, ROSARIO L 14890 S.W. 82 ST. MIAMI, FL 33193			7. Name and Address of New Registered Agent Name <i>CASUSO, Rosario L.</i> Street Address (P.O. Box Number is Not Acceptable) <i>245 SW 133 CT.</i> City <i>Miami</i>		
FL			Zip Code <i>33184</i>		
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: <i>X Rosario L. Casuso</i> DATE: <i>3/15/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS CASUSO, ROSARIO L 14890 S.W. 82 ST MIAMI, FL 33193		TITLE NAME STREET ADDRESS CITY-ST-ZIP <i>DPS CASUSO, Rosario L</i> <i>245 SW 133 CT</i> <i>Miami, FL 33184</i>		
<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <i>X Rosario L. Casuso</i> DATE: <i>3/15/05</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					