

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90120 046 ***150.00

DOCUMENT # P94000008666 1. Entity Name ROSE ADVERTISING SPECIALTIES, INC.					
Principal Place of Business 167 PINEAPPLE GROVE WAY 1ST FLOOR DELRAY BEACH, FL 33444			Mailing Address 167 PINEAPPLE GROVE WAY 1ST FLOOR DELRAY BEACH, FL 33444		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHAGAS, MARLENA D 167 PINEAPPLE GROVE WAY 1ST FLOOR 2nd Floor DELRAY BEACH, FL 33444				Name Street Address (P.O. Box Number is Not Acceptable) 2nd Floor City FL Zip Code	
B. 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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST CHAGAS, MARLENA D 167 PINEAPPLE GROVE WAY DELRAY BEACH, FL 33444 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAGAS, MARLENA D 167 PINEAPPLE GROVE WAY DELRAY BEACH, FL 33444 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date 4/4/05 Daytime Phone # 561-276-9490		