2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2008 08:00 AM
Secretary of State

DOCUMENT # P94000011251

1. Entity Name
ROSIES GOURMET ITALIAN ICES, INC.

Principal Place of Business	Mailing Address
1791 NW 122 TERRANCE PEMBROKE PINES, FL 33026 US	P O BOX 221457 HOLLYWOOD, FL 33022-1457 US

DO NOT WRITE IN THIS SPACE

01232008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0456929
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENGARTEN, SCOTT
3401 EMERAL POINTE DR
#103 A
HOLLYWOOD, FL 33021

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000871128
04/09/08-80120-001 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSENGARTEN, SCOTT
STREET ADDRESS	3401 EMERALD POINTE DR #103A633
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	D
NAME	BAER, JERRY
STREET ADDRESS	1211 POLK ST
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	PS
NAME	ROSENGARTEN, SCOTT
STREET ADDRESS	3401 EMERALD POINTE DR #103A
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	VPT
NAME	BAER, JERRY
STREET ADDRESS	1211 POLK ST
CITY-ST-ZIP	HOLLYWOOD, FL 33019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: V.P. 3/20/08 954 435-8939
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #