


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Mar 21, 2005 08:00 AM  
Secretary of State**

DOCUMENT # P94000030839  
1. Entity Name  
ROSA JEWELRY, INC.



Principal Place of Business      Mailing Address  
100 SOUTH MIAMI AVE      100 SOUTH MIAMI AVE  
MIAMI, FL 33130      MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**



02182005    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
65-0485349      Not Applicable

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

6. Name and Address of Current Registered Agent  
  
MESA, OMAIDA  
2720 S.W. 14TH ST.  
MIAMI, FL 33145

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

**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

000000270567  
03/21/05-80011-023 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PEREZ, ERELVIS
STREET ADDRESS	2720 S.W. 14TH ST.
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	D
NAME	MESA, OMAIDA
STREET ADDRESS	2720 S.W. 14TH ST.
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(f), 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:       03-16-05      Date      Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR