

2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90055 014 \*\*\*150.00

DOCUMENT # P94000032024

1. Entity Name  
 ROSENTHAL APPRAISALS, INC.



Principal Place of Business  
 1640 TOWN CENTER CIR.  
 204  
 WESTON, FL 33326 US

Mailing Address  
 1640 TOWN CENTER CIR.  
 204  
 WESTON, FL 33326 US

94012337



01282004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
 65-0482669 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ROSENTHAL, GAIL  
~~837 GARNET CIRCLE~~ 2791 Oakbrook Manor  
 WESTON, FL 33326-3333

**DO NOT WRITE 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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
 After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROSENTHAL, GAIL
STREET ADDRESS	1640 TOWN CENTER CIR., SUITE 204
CITY-ST-ZIP	WESTON, FL 33326
TITLE	D
NAME	ROSENTHAL, LEE
STREET ADDRESS	1640 TOWN CENTER CIR., SUITE 204
CITY-ST-ZIP	WESTON, FL 33326
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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]* Pres. Gail Rosenthal

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #