

ANNUAL REPORT (AR)

DOCUMENT # P94000058050

1. Entity Name

ROSEN/BEDFORD VENTURES, INC.



FILED
May 01, 2006 08:00 AM
Secretary of State



Principal Place of Business

2333 BRICKELL AVE
STE D-1
MIAMI FL 33134-1799

Mailing Address

2333 BRICKELL AVE
STE D-1
MIAMI FL 33134-1799

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/05)

City & State

City & State

4. FEI Number

65-0514064

Applied For
Not Applied

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DAVID, MARY ANN Y
2333 BRICKELL AVE
STE D-1
MIAMI FL 33134-1799

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

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
DST
ROSEN, NORMAN S
2333 BRICKELL AVE STE D-1
MIAMI FL 33129 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
U00000545589
05/11/06-80080-014 150.00 ☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DP
ROSEN, CLIFFORD D
2333 BRICKELL AVE STE D-1
MIAMI FL 33129 ☐ Delete

TITLE
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CITY - ST - ZIP
☐ Change ☐ Add

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Clifford D. Rosen 4/25/06 305.859.4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #