

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 14, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # P95000028082

1. Entity Name  
ROSEART LAMPSHADES, INC.



Principal Place of Business  
3535 NW 19TH STREET  
LAUDERDALE LAKES, FL 33311

Mailing Address  
3535 NW 19TH STREET  
LAUDERDALE LAKES, FL 33311



08232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|   |  |
|---|--|
| 4. FEI Number<br>65-0589597                               | Applied For<br>Not Applicable            |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional<br>Fee Required |

**6. Name and Address of Current Registered Agent**

CAVALLO, NICHOLAS SR  
3535 NW 19TH STREET  
LAUDERDALE LAKES, FL 33311

**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 \_\_\_\_\_ (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  
Due by September 14, 2007**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

|                |                            |
|----------------|----------------------------|
| TITLE          | PRES                       |
| NAME           | CAVALLO, NICHOLAS SR       |
| STREET ADDRESS | 3535 NW 19TH STREET        |
| CITY-ST-ZIP    | LAUDERDALE LAKES, FL 33311 |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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| NAME           |  |
| STREET ADDRESS |  |
| CITY-ST-ZIP    |  |

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09/14/07-80002-007 150.00

**DO NOT WRITE  
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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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/13/2007 954 484 2700  
Date Daytime Phone #