

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90251 007 ***150.00

DOCUMENT # P96000005585

1. Entity Name

ROSE CONSULTING COMPANIES, INC.



Principal Place of Business

3151 NW 63RD STREET
BOCA RATON, FL 33496 US

Mailing Address

3151 NW 63RD STREET
BOCA RATON, FL 33496 US



01182004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0634701

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROSE, GARY
~~5258 LINTON BLVD~~
~~DELRAY BEACH, FL 33484~~

9899 SAVONA WINDS
DRIVE
Delray Beach, FL 33446

**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

4/29/04

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 P
NAME ROSE, GARY
STREET ADDRESS 3151 NW 63RD STREET
CITY-ST-ZIP BOCA RATON, FL 33496
9899 SAVONA WINDS DR
Delray Beach, FL 33446

TITLE VP
NAME ROSE, JENNIFER
STREET ADDRESS 3151 NW 63RD STREET
CITY-ST-ZIP BOCA RATON, FL 33496
9899 SAVONA WINDS DR
Delray Beach, FL 33446

TITLE
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TITLE
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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)(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04 498-9480

Date

Daytime Phone #