## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State DOCUMENT # P96000032986** 01-27-2006 90042 022 \*\*\*158.75 ROSEN BUILDING SUPPLIES, INC. Mailing Address Principal Place of Business 3511 COMMERCIAL BLVD 3511 COMMERCIAL BLVD #304 #304 40006905 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 US Principal Place of Business Mailing Address 310 N.Le 310<u>N.W</u> HIQ Suite, Apt. #, etc. Suite, Apt. #, etc. 01092006 CR2E034 (11/05) DUITE 100 ITE 100 Applied For 4. FEI Number City & State 65-0664660 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRANK HARVE) **DREW ROSEN** Street Address (P.O. Box Number is Not Acceptable) 3045 LAKE POINT PLACE FORT LAUDERDALE, FL 33328 5310 NW 33rd Avenue, Suite 100 Fort Lauderdale 8. The above named entity subports 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 SIGNATURE (NOTE: Registered Agent signature required when reinstating) r printed name of registe \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PST** TITLE ☐ Change ☐ Addition TITLE ☐ Delete ROSEN, DREW NAME NAME STREET ADDRESS STREET ADDRESS 3045 LAKE POINT PLACE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33328 ----عرد Delete ☐ Change ☐ Addition TITLE TITLE TIM-CZENOZ-NAME 24594 LITTLE BEAR LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP Addition Detete VP-CFO ☐ Change TITLE TITLE BRIAN GORDON NAME NAME 914 ADAMS ST. HOLLYWOND, FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOLLYWOLD. Defete ☐ Addition ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP 12. I hereby certify that the information supplied with this filling 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 trusted 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:

FILED

Jan 27, 2006 8:00 am