2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000073592

1. Entity Name
ROSARIO FINANCE, INC.

FILED
Feb 13, 2004 08:00 AM
Secretary of State

Principal Place of Business	Mailing Address
9571 NW 45TH ST MIAMI, FL 33178 US	9571 NW 45TH ST MIAMI, FL 33178 US

02032004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0742918
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES AND FERNANDEZ-FR
101 MADEIRA AVENUE
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

000000050047
02/13/04-80048-007 158.75

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FERNANDEZ, VICTOR
STREET ADDRESS	9571 NW 45TH ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	VP
NAME	FERNANDEZ, ESPERANZA
STREET ADDRESS	9571 NW 45TH ST
CITY-ST-ZIP	MIAMI, FL 33178
TITLE	S
NAME	DE LA MATA, ELENA
STREET ADDRESS	11340 SW 93RD CT
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Pres. 2/10/04 305-463-8015
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #