

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000073592

1. Entity Name
ROSARIO FINANCE, INC.



Principal Place of Business

**9571 NW 45TH ST
MIAMI, FL 33178 US**

Mailing Address

**9571 NW 45TH ST
MIAMI, FL 33178 US**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

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**

**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 restatesting)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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	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 33178
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000232072
02/16/05-80055-021 158.75

**DO NOT WRITE
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

Pres. Victor Fernandez 2/10/05 305-463-8015

Date

Daytime Phone #