

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90406 009 ***158.75

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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

03132006 No Chg-P CR2E034 (11/05)

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 33176

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Pres. Victor Fernandez

3/3/06

Date

305-463-8015

Daytime Phone #