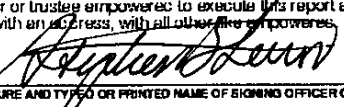


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90287 017 ***150.00

DOCUMENT # P96000079829			
1. Entity Name ZOE ROSE, INC.			
Principal Place of Business 2225 S UNIVERSITY DR DAVIE, FL 33324 US		Mailing Address 860 EAST TROPICAL WAY PLANTATION, FL 33317	
2. Principal Place of Business 2333 S UNIVERSITY DR Suite, Apt. #, etc.		3. Mailing Address (SAME) Suite, Apt. #, etc.	
City & State DAVIE FL		City & State	
Zip 33324	Country U.S.	Zip	Country
4. FBI Number 59-3415383		☐ \$8.75 Additional Fee Required ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GOTTLIEB, BRUCE M 125 NORTH 46TH AVENUE HOLLYWOOD, FL 33021		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
State		State	
Zip Code		Zip Code	
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 the name of registered agent and the fees due. (NOTE: Registered Agent signature and address mandatory.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PD KAYTON, SHANA 2225 S. UNIVERSITY DRIVE DAVIE, FL 33324 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☒ Change ☐ Addition 2333 S. UNIVERSITY DR.
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VPD LEVINE, STEPHEN L 860 E. TROPICAL WAY PLANTATION, FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	STD LEVINE, STEPHEN I 860 E. TROPICAL WAY PLANTATION, FL 33317 ☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition
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 637, 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 officers and directors.			
SIGNATURE: 		4/25/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			