

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000094985	
1. Entity Name ROSECLIFF BOCA, INC.	

Principal Place of Business 2333 BRICKELL AVENUE SUITE D-1 MIAMI FL 33129 US	Mailing Address 2333 BRICKELL AVENUE SUITE D-1 MIAMI FL 33129 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0711115** ☐ Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
DAVID, MARY ANN 2333 BRICKELL AVENUE SUITE D-1 MIAMI FL 33129		Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

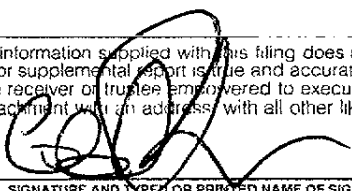
SIGNATURE _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution ☐

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	D	☐ Delete		TITLE	000000545605	☐ Change	☐ Addition
NAME	ROSEN, NORMAN S			NAME	05/11/06-80080-018 150.00		
STREET ADDRESS	2333 BRICKELL AVENUE, SUITE D-1			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33129			CITY - ST - ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	ROSEN, NATALIE H			NAME			
STREET ADDRESS	2333 BRICKELL AVENUE, SUITE D-1			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33129			CITY - ST - ZIP			
TITLE	D	☐ Delete		TITLE		☐ Change	☐ Addition
NAME	ROSEN, CLIFFORD D			NAME			
STREET ADDRESS	2333 BRICKELL AVENUE, SUITE D-1			STREET ADDRESS			
CITY - ST - ZIP	MIAMI FL 33129			CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Addition
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY - ST - ZIP				CITY - ST - ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  **Clifford D. Rosen** **4/25/06** **305.859.4900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #