FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

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FLORIDA DEPARTMENT OF STATE

Sandra-B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000024586 (4)

ROSE'S HAULING, INC.

Principal Place of Business Mailing Address 2981 NE 12TH TERRACE 2901 NE 12TH TERRACE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/19/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0733346 Not Applicable 26 Suite, Apt #, etc Suito, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Žιρ Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ROSE, ALBERT G 2981 NE 12TH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33064 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NO: 1. Registered Agent signature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1.1111.6 PRESIDENT, TREBUMY , BIRECTOR NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS NE IZ +h TERRALE NE 12+4 TERRACE CITY-ST-ZIP 1.4 CITY - ST - ZIP Beach PL 32064 ☐ DELITE Change Addition TITLE 2 1 TITLE NAME 2.2 NAME • STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST- ZIP Change 🔲 DELETE Addition TITLE 3.1 TOLE 1027555**779**250--016 NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS ****150.00 ****150.00 CITY ST-ZIP 3.4. CITY - ST - ZIF DELETE Change Addition TITLE; 4 1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 44 CITY-ST-ZIP DELFTE Change TITLE 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIF 🔲 DELLITE TITLE 6.1 THLE Change Addition NAME 6.2 NAME

14. Thereby 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 annual report or supplied annual 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 13 if changed, or on an attachment with an address.

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