2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 03, 2008 08:00 All Secretary of State DOCUMENT # P97000059263 1. Entity Name ROSENTHAL ENTERPRISES, INC. Principal Place of Business Mailing Address 3250 S DIXIE HWY MIAMI FL 33133 3250 S DIXIE HWY **MIAMI FL 33133** 2. Principal Place of Business - No P.C. Box # 3. Mailing Address Suite, Apl. #, etc. Suite. Apt. #, etc. 1st MOORE CR2E034 (10/07) City & State City & State 4. FEI Number Applied For 65-0767715 Not Applicable Z_{10} Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSENTHAL, VLADIMIR Street Address (P.O. Box Number is Not Acceptable) 3250 S DIXIE HWY **MIAMI FL 33133** 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, typod or princed pance stroogs letted have transitive if approache. (NOTE: Registered Ager Lagrantum required when reinstalling) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State: OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Defete TITLE ☐ Change ☐ Addition MAME ROSENTHAL, VLADIMIR NAME U000000878703 STREET ADDRESS STREET ADDRESS 3250 S DIXIE HWY 04/14/08-80067-001 150.00 MIAMI FL 33133 CITY-ST-ZIP CITY - ST- ZIP VΡ ☐ Change ☐ Addition TITLE De'ele TITLE NAME ROSENTHAL, EVELINA NAME STREET ADDRESS 3250 S DIXIE HWY STREET ADDRESS CITY-ST-ZIP MIAMI FL 33133 CITY-ST-ZIP TITLE ☐ Deiete ☐ Change Addition TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Deiete ☐ Change Addition HILE NAME MAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CHY-ST-ZIP TITLE Deiele THEF Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I) hereby certify that the information supplied with this filling 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 fixe 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 pit ether fills empowered.