2004 FOR PROFIT CORPORAT ANNUAL REPORT	FILED
DOCUMENT # P98000025579 1. Entity Name ROSE HALL CORPORATION	Apr 28, 2004 08:00 AM Secretary of State
Principal Place of Business Mailing Address 616 FOURTH KEY DR. 616 FOURTH KEY DR. FORT LAUDERDALE, FL 33304 FORT LAUDERDALE, FL	33304
DO NOT WRITE IN THIS S	04262004 No Chg-P CR2E034 (10/03)
6. Name and Address of Current Registered Agent FEINERMAN, STANLEY S 616 FOURTH KEY DR. FORT LAUDERDALE, FL 33304	DO NOT WRITE IN THIS SPACE
S. 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 tide if applicable (NOTE: Registered Agent signature required when refistating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Signature. Trust Fund Contribution.	
IO. OFFICERS AND DIRECTORS TITLE D NAME FEINERMAN, STANLEY S STREET ADDRESS 616 FOURTH KEY DRIVE CITY-SI-ZP FORT LAUDERDALE, FL 33304 TITLE D NAME FEINERMAN, GLORETTE A STREET ADDRESS 616 FOURTH KEY DRIVE CITY-SI-ZP FORT LAUDERDALE, FL 33304 TITLE D NAME FEINERMAN, GLORETTE A STREET ADDRESS 616 FOURTH KEY DRIVE CITY-SI-ZP FORT LAUDERDALE, FL 33304 TITLE NAME	
STREET ADDRESS CTY - ST - ZIP ITILE NAME STREET ADDRESS CTY - ST - ZIP ITILE NAME STREET ADDRESS CTY - ST - ZIP ITILE NAME STREET ADDRESS	DO NOT WRITE IN THIS SPACE
STREET ADDRESS CITY- ST-ZP 12. I hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attackment with an address, with exother like empowered. SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR FINITED NAME OF SIGNING OFFICIER OR DIRECTOR Date Date Date Date Date Date Description Differ Phone #	

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