

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P99000057318

1. Entity Name  
STEVEN ROSENSTEIN ASSOCIATES INCORPORATED



**FILED  
Apr 28, 2008 08:00 AM  
Secretary of State**

Principal Place of Business  
14111 ROYAL VISTA DR,  
SUITE 404  
DELRAY BEACH, FL 33484

Mailing Address

14111 ROYAL VISTA DR,  
SUITE 404  
DELRAY BEACH, FL 33484



**DO NOT WRITE IN THIS SPACE**

04232008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0929571	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ROSENSTEIN, STEVEN  
STREET ADDRESS 14111 ROYAL VISTA DR, SUITE 404  
CITY-ST-ZIP DELRAY BEACH, FL 33484

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000000920274  
05/21/08-00103-010 158.75

**DO NOT WRITE  
IN THIS SPACE**