


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 12, 2005 8:00 am
Secretary of State

09-12-2005 90001 008 ***550.00

| | | | | | |
|---|--|---|---|---|--|
| DOCUMENT # S99355 1. Entity Name ROSIE PRODUCTIONS INCORPORATED | | | |  | |
| Principal Place of Business P.O. BOX 28263 HIALEAH, FL 33002 US | | | Mailing Address P.O. BOX 28263 HIALEAH, FL 33002 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| FIALLO, BERTHA 352 SW 19 ROAD MIAMI, FL 33129 | | | | Name ROSIE MENENDEZ Street Address (P.O. Box Number is Not Acceptable) 4110 WEST GORRBT HIALEAH City FL Zip Code 33012 | |
| 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 <u><i>Rosie Menendez</i></u> <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | DATE <u>9/5/05</u> <small>(NOTE: Registered Agent signature required when reissuing)</small> | |
| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MENENDEZ, ROSIE P.O. BOX 8263 N/A HIALEAH, FL 330120290 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby 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 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: <u><i>Rosie Menendez</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date <u>9/5/05</u> Daytime Phone # <u>305-556-0110</u> | |



ATTACHMENT

50066343
599355

September 5th/05

Division of Corporations
P O Box 1500
Tallahassee, Fl. 32302-1500

Dear Sirs:

Attached please find check # 343
in the amount of \$550.00.

Unfortunately I tried to mail This
filing yesterday, but as much as I
tried I didn't make it on time to
the post office for an overnight delivery.

I am trying to win a battle against
cancer for about a year and I had
a chemotherapy session and I can not
drive after that, so I depend on
transportation assistance.

Thank you in advance for your
cooperation.

Cordially,

Rosie Menendez
Rosie Productions, Inc
FEI # 65-0310894