2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # V39542

1. Entity Name
JEHRICO ROSE, INC.

Principal Place of Business	Mailing Address
7900 PETERS RD STE. B-100 PLANTATION, FL 33324 US	P.O. BOX 251834 LOS ANGELES, CA 90025 US

DO NOT WRITE IN THIS SPACE

05012005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
65-0343415	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HARMON, KURT S.
7900 PETERS ROAD
SUITE B-100
PLANTATION, FL 33324

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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

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

10. OFFICERS AND DIRECTORS

TITLE	DV
NAME	TAINES, LAUREN
STREET ADDRESS	P.O. BOX 251834
CITY-ST-ZIP	LOS ANGELES, CA 90025

TITLE	DP
NAME	COVINGTON, JOEY
STREET ADDRESS	P.O. BOX 251834
CITY-ST-ZIP	LOS ANGELES, CA 90025

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Lauren Taines, Vice President*   4/30/05 310-4227548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

LAUREN TAINES