## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## Apr 11, 2007 08:00 A Secretary of State **DOCUMENT # V54487** 1. Entity Name ROSA ELECTRIC, INC. Principal Place of Business Mailing Address 1701 S ATLANTIC AVE 4605 S ATLANTIC AVE NEW SMYRNA BEACH, FL 32169 NEW SMYRNA BEACH, FL 32169 No Chg-P CR2E034 (11/05) 03292007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable 59-3137142 \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent ROSA, JAMES DO NOT WRITE 1701 S ATLANTIC AVE NEW SMYRNA BCH, FL 32169 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) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. . After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE **PVTS** NAME ROSA, JAMES 1701 S ATLANTIC AVE STREET ADDRESS NEW SMYRNA BCH, FL CITY-ST-ZIP TITLE U00000700658 NAME 04/20/07-80025-017 150:00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**