

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V66931

FILED
Mar 12, 2012
Secretary of State

Entity Name: BUDDING ROSE OF SHARON INC.

Current Principal Place of Business:

4404 SW CITRUS BLVD
PALM CITY, FL 34990 US

New Principal Place of Business:

Current Mailing Address:

4404 SW CITRUS BLVD
PALM CITY, FL 34990 US

New Mailing Address:

FEI Number: 65-0359575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KROGEN, KIM
4404 SW CITRUS BLVD.
PALM CITY, FL 34990 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: KROGEN, KIM SARAH-SHOSHANNA
Address: 4404 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

Title: T
Name: KROGEN, ZECHARIAH
Address: 4404 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

Title: V
Name: KROGEN, LUKE J
Address: 4404 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

Title: S
Name: KROGEN, ELIJAH
Address: 4404 SW CITRUS BLVD.
City-St-Zip: PALM CITY, FL 34990

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KIM SARAH-SHOSHANNA KROGEN

P

03/12/2012

Electronic Signature of Signing Officer or Director

_____ Date