

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000033581

Entity Name: SAINT ROSE INC.**Current Principal Place of Business:**1695 NE 123RD ST.
NORTH MIAMI, FL 33181**Current Mailing Address:**1695 NE 123RD ST.
NORTH MIAMI, FL 33181 US**FEI Number:** 27-2383242**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FARA, JOSE A
1695 N.E. 123RD ST., #2
N. MIAMI, FL 33181 US*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**Officer/Director Detail :**

Title	PRES
Name	FARA, JOSE ALBERTO
Address	18401 COLLINS AVE
City-State-Zip:	SUNNY ISLES FL 33160

Title	V.P
Name	FARA , JOSE M.
Address	18401 COLLINS AVE
City-State-Zip:	SUNNY ISLES FL 33160

Title	S
Name	FARA , LUIS S.
Address	18401 COLLINS AVE
City-State-Zip:	SUNNY ISLES FL 33160

Title	T
Name	FARA, YAMILA
Address	18401 COLLINS AVE
City-State-Zip:	SUNNY ISLES FL 33160

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: JOSE A. FARA**PRESIDENT****03/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date