


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 08:00 AM
Secretary of State

DOCUMENT # 328123

1. Entity Name
LA ROSA CAKE, INC.



Principal Place of Business Mailing Address

**2300 CORAL WAY
 SUITE 200
 MIAMI, FL 33145**

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 SUITE 200
 MIAMI, FL 33145**

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-1216527

Applied For
 Not Applicable

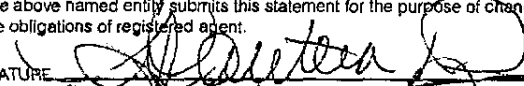
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**FLORIDA ANNUAL REPORT SERVICES INC
 2300 CORAL WAY
 SUITE 200
 MIAMI, FL 33145**

DO NOT WRITE 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:  **AMADOR CANTELLA LOPEZ, PRESIDENT** 3/22/05

Signature, typed or printed name of registered agent and when applicable. (NOTE: Registered Agent signature required when reappointing.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

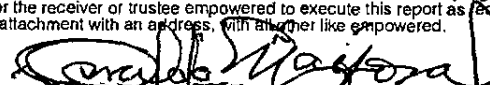
***10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	MAYORAL, OSVALDO
STREET ADDRESS	5560 SW 1ST STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	MAYORAL, MERCEDES
STREET ADDRESS	5560 SW 1ST STREET
CITY-ST-ZIP	MIAMI, FL
TITLE	V
NAME	MAYORAL, MERCEDES
STREET ADDRESS	5560 SW 1ST STREET
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	T
NAME	MAYORAL, OSVALDO Z
STREET ADDRESS	13945 FARMER RD
CITY-ST-ZIP	MIAMI, FL 33158
TITLE	ASDS
NAME	MAYORAL, ANA M
STREET ADDRESS	5516 S.W. 1ST ST.
CITY-ST-ZIP	MIAMI, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

100000287972
 04/04/05-80032-004 150.00

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 authority like empowered.

SIGNATURE:  3/17/05

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

OSVALDO MAYORAL, PRESIDENT