

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 328123

**Entity Name:** LA ROSA CAKE, INC.

**Current Principal Place of Business:**

C/O 2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145

**Current Mailing Address:**

C/O 2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 US

**FEI Number:** 59-1216527

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

FLORIDA ANNUAL REPORT SERVICES INC  
2300 CORAL WAY  
SUITE 200  
MIAMI, FL 33145 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 P  
Name MAYORAL, OSVALDO  
Address 5560 SW 1ST STREET  
City-State-Zip: MIAMI FL

Title D  
Name MAYORAL, MERCEDES  
Address 5560 SW 1ST STREET  
City-State-Zip: MIAMI FL 33134

Title V  
Name MAYORAL, MERCEDES  
Address 5560 SW 1ST STREET  
City-State-Zip: MIAMI FL 33134

Title T  
Name NUNEZ, MICHAEL  
Address 5516 SW 1 STREET  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR  
Name NUNEZ, KRISTY  
Address 5516 NW 1 ST  
City-State-Zip: MIAMI FL 33134

Title DIRECTOR  
Name NUNEZ, KRISTY  
Address 5516 NW 1 ST  
City-State-Zip: MIAMI FL 33134

*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:** OSVALDO MAYORAL

**PRESIDENT**

**02/08/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date