## 2020 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

**FILED** Apr 27, 2020 **Secretary of State** 4128538878CC

# **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                | Title | D             |
|-------|------------------|-------|---------------|
| Name  | MAYORAL, OSVALDO | Name  | MAYORAL, MERC |

CEDES 5560 SW 1ST STREET 5560 SW 1ST STREET Address Address MIAMI FL City-State-Zip: MIAMI FL 33134

City-State-Zip:

**DIRECTOR** Title Title Name NUNEZ, KRISTY MAYORAL, MERCEDES Name Address 5516 NW 1 ST Address 5560 SW 1ST STREET City-State-Zip: MIAMI FL 33134 City-State-Zip: MIAMI FL 33134

Title **TREASURER** Title DIRECTOR

Name MAYORAL JR, OSVALDO Name NUNEZ. KRISTY

4259 WEST FLAGLER STREET Address Address 5516 NW 1 ST

City-State-Zip: MIAMI FL 33134 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.