

2019 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****03/15/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date