2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 08:00 AM

DOCUMENT # 328123 1. Entity Name LA ROSA CAKE, INC.				Secreta	ry of Stat
Principal Place		Mailing Address	· · · · · · · · · · · · · · · · · · ·		
2300 CORAL SUITE 200	MAY -	2300 CORAL WAY SUITE 200			
Miami, FL 33	145	MIAMI, FL 33145		 	r weren bereit wiberwoo in ewar
D	O NOT WRITE	IN THIS SPA	CE	4. FEI Number 59-1216527	Applied For Not Applicable
					8.75 Additional see Required
6. Name and Address of Current Registered Agent professional design of the Company of the Compan					
FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200				DO NOT WRITE	
MIAMI, FL	33145			IN THIS SPACE	
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 Signature, typed to printed name of required agent god when a Epicapie. (NOTE: Reg steved Agent signature required when remarkering) DATE OF THE STREET SERVER STREET					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be					
	y 1, 2005 Fee will be \$550.00	**	☐ Adde	ed to Fees	
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NAME	MAYORAL, OSVALDO		in the second of	7/00/000287972	era girogota.
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	V MAYORAL, MERCEDES				
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· —	MIAMI, FL 33134	<u> </u>	فمنات وليدو لللاس	DO NOT WRITE	La Company of the Company
	T MAYORAL, OSVALDO Z			IN THIS SPACE	
	13945 FARMER RD				
	MIAMI, FL 33158 ASDS	T par in 152.5%		liga kibiningan <mark>ii kili</mark> mini baha baha baha	
NAME !	MAYORAL, ANA M				·
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TITLE			Tarkeya yanga et ter iki t		
NAME STREET ADDRESS					
CITY-ST-ZIP		<u> </u>			
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 incloated 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 fequired by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an another. With all the empowered.					
SIGNATURE: SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF PROBING DEFICER CRADRECTION				2/17/05	
AUGUATORE AND WARED OF PRINTED THE PROPERTY OF					

OSVALDO MAYORAL, PRESIDENT