2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 328123

MAYORAL, ANA M

5516 S.W. 1ST ST.

MIAMI, FL 33134

Name:

Address:

City-St-Zip:

FILED Mar 31, 2009 Secretary of State

Entity Name: LA ROSA CAKE, INC.								
Current Principal Place of Business:				New Principal Place of Business:				
2300 CORA SUITE 200 MIAMI, FL				2300 CORA SUITE 200 MIAMI, FL		JS		
Current Mailing Address:				New Mailing Address:				
2300 CORA SUITE 200 MIAMI, FL				2300 CORA SUITE 200 MIAMI, FL		JS		
FEI Number:	59-1216527	FEI Number Applied For ()	FEI Nun	nber Not Appli	icable ()	Certifica	te of Status Desired (X))
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
FLORIDA A 2300 CORA SUITE 200 MIAMI, FL	AL WAY	ORT SERVICES INC						
The above in the State		submits this statement for the p	ourpose o	f changing it	s registere	d office or r	egistered agent, or b	oth,
SIGNATUR	RE:							
Electronic Signature of Registered Agent							Date	
Election Carr	npaign Financing	g Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	P () MAYORAL, OS 5560 SW 1ST : MIAMI, FL			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	D () MAYORAL, ME 5560 SW 1ST : MIAMI, FL			Title: Name: Address: City-St-Zip:		(X) Change MERCEDES ST STREET 33134 US	()Addition	
Title: Name: Address: City-St-Zip:	V () MAYORAL, ME 5560 SW 1ST : MIAMI, FL 331	STREET		Title: Name: Address: City-St-Zip:		(X) Change MERCEDES ST STREET 33134 US	() Addition	
Title: Name: Address: City-St-Zip:	T () MAYORAL, OS 13945 FARMEI MIAMI, FL 331	R RD		Title: Name: Address: City-St-Zip:	T MAYORAL, 13945 FAR MIAMI, FL		() Addition	
Title:	ASDS () Delete		Title:	ASDS	(X) Change	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

Name:

Address:

City-St-Zip:

 $\mathsf{MAYORAL},\,\mathsf{ANA}\;\mathsf{M}$

5516 S.W. 1ST ST.

MIAMI, FL 33134 US

SIGNATURE: OSVALDO MAYORAL Ρ 03/31/2009