


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 23, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # 629084  
 1. Entity Name  
 LAROSA ENTERPRISES, INC.



Principal Place of Business      Mailing Address  
 4367 95 AVE.                      4367 95 AVE.  
 PINELLAS PARK, FL 33782      PINELLAS PARK, FL 33782

**DO NOT WRITE IN THIS SPACE**



04182005    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-1919666	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 LAROSA, GLORIA J  
 4367 95 AVE  
 PINELLAS PARK, FL 33782

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8. 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: Gloria La Rosa      DATE: 4/20/05  
(Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating.)      DATE)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LAROSA, GLORIA J. 4367 95 AVE. PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAROSA, THOMAS R 4367 - 95 AVE. PINELLAS PARK, FL 33782
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, LAROSA E 4367 95 AVE. PINELLAS PARK, FL 33782
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U00000325587  
 04/23/05-80038-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated 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 required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria La Rosa - GLORIA LA ROSA      DATE: 4/20/05      DAYTIME PHONE #: 727-577-7269  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #