

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90095 016 ***150.00

DOCUMENT # G38192	
1. Entity Name PETER DE LA ROSA P.L.S., INC.	

Principal Place of Business % PETER DE LA ROSA 959 SW 122ND AVE, MINORCA PLAZA MIAMI, FL 33184	Mailing Address % PETER DE LA ROSA 959 SW 122ND AVE, MINORCA PLAZA MIAMI, FL 33184
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50022635



2. Principal Place of Business 17000 SW 170 AVE.	3. Mailing Address 17000 SW 170 AVE.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02182005 Chg-P CR2E034 (10/03)

City & State MIAMI, FL.	City & State MIAMI, FL.
Zip 33187	Country
Zip 33187	Country

4. FEI Number 59-2305313	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE LA ROSA, PETER 17000 S.W. 170 AVENUE MIAMI, FL 33187	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

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 _____ (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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE LA ROSA, PETER 1700 SW 170 AVE. MIAMI, FL 33187 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DE LA ROSA, PETER 17000 SW 170 AVE. MIAMI, FL. 33187 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DE LA ROSA, YARA 17000 SW 170 AVE MIAMI, FL 33187 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARTINEZ, EDDIE 1001 W. 50TH ST. HIALEAH, FL 33012 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 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: **X**  **PETER DE LA ROSA, PRES.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **2-18-05** Daytime Phone #