


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90447 028 ***150.00

DOCUMENT # M18905	
1. Entity Name ITALIAN ROSE GARLIC PRODUCTS INC.	

Principal Place of Business 1748-5 AUSTRALIAN AVE. RIVIERA BEACH FL 33404	Mailing Address 1748-5 AUSTRALIAN AVE. RIVIERA BEACH FL 33404
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2. Principal Place of Business 1380 W 15th STREET	3. Mailing Address 1380 W 15th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.



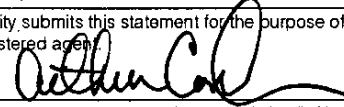
1st MOORE CR2E034 (10/04)

City & State RIVIERA BEACH, FL	City & State RIVIERA BEACH, FL
Zip 33404	Zip 33404
Country	Country

4. FEI Number 59-2592505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BERGER, KEN 1748-5 AUSTRALIAN AVE. RIVIERA BCH FL 33404	
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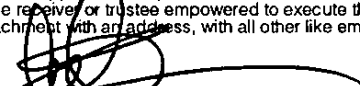
7. Name and Address of New Registered Agent	
Name ARTHUR CONLAN	
Street Address (P.O. Box Number is Not Acceptable) 1380 W 15th STREET	
City RIVIERA BEACH	FL Zip Code 33404

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: 	DATE: 4.25.05
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BERGER, KEN 1748-5 AUSTRALIAN AVE. RIVIERA BCH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONLON, ARTHUR J. 1748-5 AUSTRALIAN AVE. RIVIERA BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1380 W. 15th STREET RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CONLAN, ARTHUR J. 1380 W. 15th STREET RIVIERA BEACH, FL 33404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 4.25.05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
Daytime Phone #	