

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # M18905

1. Entity Name
ITALIAN ROSE GARLIC PRODUCTS INC.



Principal Place of Business
1380 W 15TH ST
RIVIERA BEACH, FL 33404

Mailing Address
1380 W 15TH ST
RIVIERA BEACH, FL 33404

FILED

08 MAR 13 AM 8:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



01092008 No Chg-P CR2E034 (11/05)

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4. FEI Number
59-2592505

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BERGER, KEN
1380 W. 15TH ST
RIVIERA BCH, FL 33404

**DO NOT WRITE
IN THIS SPACE**

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 obligation of the registered agent.

SIGNATURE:

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, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERGER, KEN
STREET ADDRESS	1380 W. 15TH ST
CITY-ST-ZIP	RIVIERA BEACH, FL 33404
TITLE	VD
NAME	CONLAN, ARTHUR
STREET ADDRESS	1380 W 15TH ST
CITY-ST-ZIP	RIVIERA BCH, FL 33404
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2.6.08

(561) 863-5556