


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 31, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000021296**

1. Entity Name  
**DELAROSA, INC.**



Principal Place of Business	Mailing Address
DELA ROSA INC. 13528 JENNITA DRIVE HUDSON, FL 34667	13528 JENNITA DRIVE HUDSON, FL 34667



**DO NOT WRITE IN THIS SPACE**

05252005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1084463	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DELA ROSA, ANA P  
 13528 JENNITA DRIVE  
 HUDSON, FL 33467

**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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO DELAROSA, ANA 13528 JENNITA DRIVE HUDSON, FL 34667
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U00000368644  
 05/31/05-80009-018 8.75  
 U00000368644  
 05/31/05-80009-017 150.00

**DO NOT WRITE IN THIS SPACE**

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:** Ana Patricia Delarosa **5/20/2005 727 24387**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #