


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90157 020 ***150.00

DOCUMENT # P01000115579

1. Entity Name
LAS ROSARINAS, CORP.



Principal Place of Business: **7910 SW 21TH TERRACE MIAMI, FL 33155**

Mailing Address: **7910 SW 21TH TERRACE MIAMI, FL 33155**

2. Principal Place of Business: **7920 SW 21 TERRACE**
 Suite, Apt. #, etc.

3. Mailing Address: **7920 SW 21 TERRACE**
 Suite, Apt. #, etc.



04262004 Chg-P CR2E034 (10/03)

City & State: **MIAMI, FL**

Zip: **33155** Country: **USA**

City & State: **MIAMI, FL**

Zip: **33155** Country: **USA**

4. FEI Number: **80-0024467**

Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent

DOMINA, OSVALDO
7910 SW 21TH TERRACE
MIAMI, FL 33155

7. Name and Address of New Registered Agent

Name: **ADRIANA VILCHES**

Street Address (P.O. Box Number is Not Acceptable):
7920 SW 21 TERRACE

City: **MIAMI** FL Zip Code: **33155**

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: *Adriana Vilches* DATE: **04-26-04**

(Signature typed or printed name of registered agent. Do not use if applicable. (NOTE: Registered Agent signature required when term early))

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	<input type="checkbox"/> Delete
NAME	VILCHES, ADRIANA	
STREET ADDRESS	7910 SW 21TH TERRACE	
CITY-STATE-ZIP	MIAMI, FL 33155	
TITLE	VD	<input type="checkbox"/> Delete
NAME	VILCHES, SILVIA	
STREET ADDRESS	7910 SW 21TH TERRACE	
CITY-STATE-ZIP	MIAMI, FL 33155	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DOMINA, OSVALDO	
STREET ADDRESS	7910 SW 21TH TERRACE	
CITY-STATE-ZIP	MIAMI, FL 33155	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARRIOS, DAMIAN	
STREET ADDRESS	7910 SW 21TH TERRACE	
CITY-STATE-ZIP	MIAMI, FL 33155	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: *Adriana Vilches* **ADRIANA VILCHES** DATE: **04-26-04** TELEPHONE: **(305) 269-9787**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR