


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90042 035 ***158.75

DOCUMENT # P02000047363 1. Entity Name LA SABROSURA, INC.					
Principal Place of Business 3466 SW FEROE AVE. PALM CITY, FL 34990			Mailing Address 3466 SW FEROE AVE. PALM CITY, FL 34990		
2. Principal Place of Business 5650 SE Normandy Ave		3. Mailing Address 5650 SE Normandy Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Stuart FL		City & State Stuart FL		4. FEI Number 45-0474555	
Zip 34997		Country Martin		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAZARES, JEANETTE A 3466 SW FEROE AVE. PALM CITY, FL 34990			7. Name and Address of New Registered Agent Name Jeanette A. Cazares Street Address (P.O. Box Number is Not Acceptable) 5650 SE Normandy Ave. City Stuart FL Zip Code 34997		
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 <u><i>Jeanette A. Cazares</i></u> Jeanette A. Cazares 3-23-04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAZARES, JEANETTE A 3466 SW FEROE AVE. PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CAZARES, JEANETTE A 5650 SE Normandy Ave. Stuart FL 34997
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORTES, EYBAR C 3466 SW FEROE AVE. PALM CITY, FL 34990	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD Cortes, Eybar C 5650 SE Normandy Ave. Stuart FL 34997
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<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: <u><i>Jeanette A. Cazares</i></u> Jeanette A. Cazares 3-23-04 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					