


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 27, 2005 08:00 AM  
Secretary of State

DOCUMENT # P02000047363 1. Entity Name LA SABROSURA, INC.	
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Principal Place of Business 5650 SE NORMANDY AVE STUART, FL 34997	Mailing Address 5650 SE NORMANDY AVE STUART, FL 34997
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01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 45-0474555	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  CAZARES, JEANETTE A 5650 SE NORMANDY AVE STUART, FL 34997
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**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: <i>Jeane He A. Cazares</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<i>Jeane He A. Cazares</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>	4/25/05 <small>DATE</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00</b>	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	PTD CAZARES, JEANETTE A 5650 SE NORMANDY AVE STUART, FL 34997
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CORTES, EYBAR C 5650 SE NORMANDY AVE STUART, FL 34997
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04/27/05-80100-012 150.00

**DO NOT WRITE  
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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: <i>Jeane He A. Cazares</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<i>Jeane He A. Cazares</i> <small>Date</small>	4/25/05 <small>Daytime Phone #</small>