2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Secretary of State DOCUMENT # P03000111918 01-17-2006 90240 023 ***158.75 A LA GRASTA HOME, INC. Principal Place of Business Mailing Address 28220 OLD 41 ROAD 28220 OLD 41 ROAD 60002328 **BONITA SPRINGS, FL 34135 BONITA SPRINGS, FL 34135** 2. Principal Place of Business 3. Mailing Address 11148 Palmetto 28220 OLD 41 Suite, Apt. #, etc. CR2E034 (11/05) 01102006 Chg-P 401 SUHE City & State Gity & State 4. FEI Number Applied For FLORIDA SPriNES. BONITA NAPLES 33-1072377 Not Applicable Country U.S.A \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name iciA LA GRASTA, ALICIA C Street Address (P.O. Box Number is Not Acceptable) 27810 VILLAGE DR. #16 BONITA SPRINGS, FL 34135 Palmetto 11148 City NAPLES 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. 1-12-06 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **10** 11. PST LAGRASTA, Alicia C. Change Addition PST TITLE Delete TOTE 11148 Palmetto Ridge dr NAPLES, FL. 34110 V. LA GrASTA, Serg 10 11148 Palmetto Ridge dr LA GRASTA, ALICIA C YUME . NAME STREET ADDRESS 27810 VILLAGE DR. STREET ADDRESS BONITA SPRINGS, FL 34135 CITY-ST-ZIP" CITY-ST-782 □ Change ☐ Addition Delete TITLE TITLE NAME LA GRASTA, SERGIO NAME STREET ADDRESS 27810 VILLAGE DR. #16 STREET ADDRESS NAPLES, FL. 34110 **BONITA SPRINGS, FL 34135** CITY-ST-ZIP CITY-ST-ZIP TITLE Z Delete THIE Change Change Addition LA GRASTA, SERGIO J NAME NAME STREET ADDRESS 28220 OLD 41 RD #401 STREET ADDRESS CITY-ST-ZIP BONTIA SPRINGS, FL 34135 CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.

OFFICER OR DIRECTOR

FILED

Jan 17, 2006 8:00 am

239-596-0006