


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90240 023 \*\*\*158.75

**DOCUMENT # P03000111918**

1. Entity Name  
**A LA GRASTA HOME, INC.**



Principal Place of Business      Mailing Address  
**28220 OLD 41 ROAD**      **28220 OLD 41 ROAD**  
**401**      **401**  
**BONITA SPRINGS, FL 34135**      **BONITA SPRINGS, FL 34135**

**60002328**



2. Principal Place of Business      3. Mailing Address  
**28220 OLD 41 Rd.**      **11148 Palmetto Ridge dr**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 401**

01102006      Chg-P      CR2E034 (11/05)

City & State      City & State  
**BONITA SPRINGS, FL.**      **NAPLES, FLORIDA**  
 Zip      Country      Zip      Country  
**34135**      **USA**      **34110**      **USA**

4. FEI Number      Applied For  
**33-1072377**       Not Applicable

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

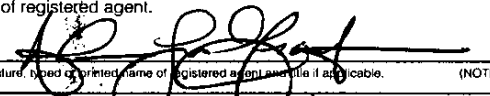
**6. Name and Address of Current Registered Agent**

**LA GRASTA, ALICIA C**  
**27810 VILLAGE DR. #16**  
**BONITA SPRINGS, FL 34135**

**7. Name and Address of New Registered Agent**

Name      **Alicia LA GRASTA**  
 Street Address (P.O. Box Number is Not Acceptable)  
**11148 Palmetto Ridge dr.**  
 City      State      Zip Code  
**NAPLES**      **FL**      **34110**

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:       **1-12-06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST</b> <b>LA GRASTA, ALICIA C</b> <b>27810 VILLAGE DR.</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>LA GRASTA, SERGIO</b> <b>27810 VILLAGE DR. #16</b> <b>BONITA SPRINGS, FL 34135</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LA GRASTA, SERGIO J</b> <b>28220 OLD 41 RD #401</b> <b>BONITA SPRINGS, FL 34135</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST LA GRASTA, ALICIA C.</b> <b>11148 Palmetto Ridge dr</b> <b>NAPLES, FL 34110</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. LA GRASTA, SERGIO</b> <b>11148 Palmetto Ridge dr</b> <b>NAPLES, FL. 34110</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:       **1-12-06**      **239-596-0006**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #