2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000111918

1. Entity Name
A LA GRASTA HOME, INC.

Principal Place of Business	Mailing Address
28220 OLD 41 RD STE 401 BONITA SPRINGS, FL 39135	11148 PALMETTO RIDGE DR. NAPLES, FL 34110

DO NOT WRITE IN THIS SPACE

01092007   No Chg-P   CR2E034 (11/05)

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
11148 PALMETTO RIDGE DR.
NAPLES, FL 34110

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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

DATE 1-9-07

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

U00000583045
01/11/07-80054-025 150.00

10. OFFICERS AND DIRECTORS

TITLE	PST
NAME	LA GRASTA, ALICIA C
STREET ADDRESS	11148 PALMETTO RIDGE RD
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	V
NAME	LA GRASTA, SERGIO
STREET ADDRESS	11148 PALMETTO RIDGE DR
CITY-ST-ZIP	NAPLES, FL 34110

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 1-9-07   Daytime Phone # 1-239-596-0006