

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000111918**

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



Principal Place of Business  
**28220 OLD 41 RD**  
**STE 401**  
**BONITA SPRINGS, FL 39135**

Mailing Address  
**11148 PALMETTO RIDGE DR.**  
**NAPLES, FL 34110**



01052008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>33-1072377</b>	Applied For Not Applicable
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 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	PST LA GRASTA, ALICIA C 11148 PALMETTO RIDGE RD NAPLES, FL 34110
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 01/07/08-80017-009 158.75

**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: Alicia C. LaGrasta **ALICIA C. LAGRASTA**, PRES 1-4-2008 (239) 596-0006  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #