

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000146983

Entity Name: LA ROSA, INC.

**FILED**  
**Feb 02, 2006**  
**Secretary of State**

**Current Principal Place of Business:**

913 LAKE AVENUE  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

**Current Mailing Address:**

913 LAKE AVENUE  
LAKE WORTH, FL 33460

**New Mailing Address:**

FEI Number: 51-0528106

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MARTINEZ KARLSEN, VICTORIA  
913 LAKE AVENUE  
LAKE WORTH, FL 33460 US

**Name and Address of New Registered Agent:**

KARLSEN, VICTORIA M  
913 LAKE AVENUE  
LAKE WORTH, FL 33460 US

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.

SIGNATURE: VICTORIA M KARLSEN

02/02/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PRES ( ) Change (X) Addition  
Name: KARLSEN, VICTORIA M PRES  
Address: 913 LAKE AVENUE  
City-St-Zip: LAKE WORTH, FL 33460

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICTORIA M KARLSEN

PRES

02/02/2006

Electronic Signature of Signing Officer or Director

Date