

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P06000149890

1. Entity Name
LA ROSA GROCERY INC.



Principal Place of Business
11884 N WILLIAM ST
DUNNELLON, FL 34431

Mailing Address
11884 N WILLIAM ST
DUNNELLON, FL 34431

FILED

07 SEP 17 AM 8:38

SECRETARY OF STATE



08242007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANTIAGO, HERBERT S
8232 SW 102ND AVE
DUNNELLON, FL 34431

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SANTIAGO, HERBERT S
8232 SW 202ND AVE
DUNNELLON, FL 34431 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
686110062146
09/28/07--01056--007 *\$150.00 ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/07

Date

489-9325

Daytime Phone #

8.9/19

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Untitled

To: Whom it may concern
From: La Rosa Grocery Inc.
Date: 9-13-07
Re: 2007 Coöperate Annual Report

I HerbertS.Santiago have not recieved my first copy of my annual report. After carefully reading instructions and calling The Division of Coöperation, it was brought to my attention that if I did not recieve my first copy I would not have to pay the five hundred dollar late fee. I am sending this letter out post dated 9-13-07. I was informed that in doing so I will not be responsible for the penalty charge because it was sent out a day before being due.

Enclosed is a check for one hundred and fifty dollars.

Sincerely,
Herbert S. Santiago