


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000102630	
1. Entity Name LA ROSA LOGISTICS, INC.	

Principal Place of Business 2050 NW 95TH AVE MIAMI, FL 33172	Mailing Address 2050 NW 95TH AVE MIAMI, FL 33172
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01132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0963923	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent AMADOR, CLARA 53 WEST 6TH AVENUE HIALEAH, FL 33010

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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 <u>Clara Amador</u> <small>Signature, typed or printed name of registered agent and true if applicable.</small>	DATE <u>2/13/06</u> <small>(NOTE: Registered Agent signature required when registering)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LA ROSA, MIGDALE 18636 NW 78 PL MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP AMADOR, CLARA 18636 NW 78 PL MIAMI, FL 33015
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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: <u>Clara Amador</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>2/13/06</u> 305 999 9411 <small>Daytime Phone #</small>