
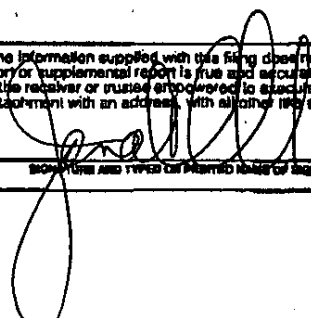


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90175 030 ***150.00

DOCUMENT # V14122			
1. Entity Name LA ROSA FARMS, INC.			
Principal Place of Business 5160 PELICAN COVE DR BOYNTON BEACH, FL 33437		Mailing Address 5160 PELICAN COVE DR BOYNTON BEACH, FL 33437	
2. Principal Place of Business 936 Greenward Lane		3. Mailing Address 936 Greenward Lane	
State, Apt. #, etc.		Suits, Apt. #, etc.	
City & State Delray Beach, FL		City & State Delray Beach, FL	
4. FEI Number 65-0320671		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 MARIANO, STEPHEN 938 GREENSWARD LANE BOYNTON BEACH, FL 33437		7. Name and Address of New Registered Agent Name Mariano, Jonathan Street Address (P.O. Box Number is Not Acceptable) 936 GREENSWARD LANE City Delray Beach FL Zip Code 33445-9021	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when changing)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 MARIANO, JONATHAN <input checked="" type="checkbox"/> Delete C/O STA-RHO CORP, 35 WEST 50TH STREET NEW YORK, NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mariano, Jonathan <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 936 Greenward Lane Delray Beach, FL 33445-9021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 fees empowered.			
SIGNATURE: 		Date: 04-27-04	
<small>Signature and typed or printed name of signing officer or director</small>		<small>Date</small>	

14060011



04212004 Ctg-P CR2E034 (10/03)