## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

## FILED May 02, 2006 08:00 AN Secretary of State **DOCUMENT # V14122** 1. Entity-Name LAROSA FARMS, INC. Mailing Address Principal Place of Business 936 GREENSWARD LANE 936 GREENSWARD LANE DELRAY BEACH, FL 33445-9021 DELRAY BEACH, FL 33445-9021 No Chg-P CR2E034 (11/05) 04212006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0320671 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MARIANO, JONATHAN DO NOT WRITE 936 GREENSWARD LANE **DELRAY BEACH, FL 33445-9021** 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. Signature, typed or printed name of regimered agent and little if applicable (NOTE, Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10, MLE NAME MARIANO, JONATHAN STREET ADDRESS 936 GREENSWARD LANE COY-ST-7/P DELRAY BEACH, FL 334459021 TILE 000000559905 05/17/06-80113-024 150.00 STREET ADDRESS CITY-ST-7P TITLE STREET ADDRESS DO NOT WRITE CTTY-51-28P IN THIS SPACE TITLE STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE STREET ARDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied who 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 end 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 true end in the properties as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an addition with all others. accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director becate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

G OFFICER OR DIRECTOR

Daytime Phone #