## 2007 FOR PROFIT CORPORATION

## Mar 20, 2007 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT #V14122 1. Entity Name LA ROSA FARMS, INC. Principal Place of Business Mailing Address 936 GREENSWARD LANE 936 GREENSWARD LANE DELRAY BEACH, FL 33445-9021 DELRAY BEACH, FL 33445-9021 03012007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0320671 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MARIANO, JONATHAN NAME STREET ADDRESS 936 GREENSWARD LANE CITY-ST-ZIP DELRAY BEACH, FL 334459021 U00000673482 03/29/07-80032-005 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-ZIP TITLE

IN THIS SPACE

**FILED** 

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 leceiver 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 attachingpy-with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR