


UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90425 010 ***150.00

DOCUMENT # V14122

1. Entry Name
LA ROSA FARMS, INC.



Principal Place of Business
**5180 PELICAN COVE DR
BOYNTON BEACH FL 33437**

Mailing Address
**5180 PELICAN COVE DR
BOYNTON BEACH FL 33437**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **65-0320671**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MARIANO, STEPHEN
5180 PELICAN COVE DR.
BOYNTON BEACH FL 33437

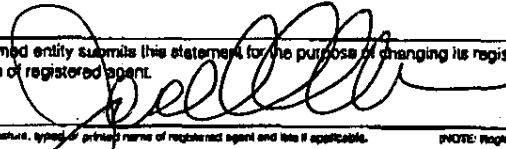
7. Name and Address of New Registered Agent

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  DATE **04-23-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reticulating)

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 MARIANO, JONATHAN C/O STA-RHO CORP, 36 WEST 56TH STREET NEW YORK NY 10019	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:  DATE **04-23-03 (813)586-8414**

DATE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR