2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000021102

1. Entity Name
LORIMAR SALES & SERVICE, INC.

Principal Place of Business	Mailing Address
1273 SW 161ST AVENUE	1273 SW 161ST AVENUE
PEMBROKE PINES, FL 33027 US	PEMBROKE PINES, FL 33027 US

03032004   No Chg-P   CR2E034 (10/03)

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4. FEI Number	Applied For
65-0732597	Not Applicable

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

6. **Name and Address of Current Registered Agent**

DEL RIO, LORRAINE
1273 SW 161ST AVENUE
PEMBROKE PINES, FL 33027

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

FILE NOW!!! FEE IS $150.00 **After May 1, 2004 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	DEL RIO, LORRAINE
STREET ADDRESS	1273 SW 161ST AVENUE
CITY-ST-ZIP	PEMBROKS PINES, FL 33027
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/12/04-80042-014 150.00

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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)(i), 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: X _Lorraine del Rio_ 3/2/04   216-4744
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #