

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000095958

FILED
Apr 17, 2009
Secretary of State

Entity Name: LORENZO MANAGEMENT CORPORATION

Current Principal Place of Business:

815 NW 57 AVE.
305
MIAMI, FL 33126

New Principal Place of Business:

Current Mailing Address:

C/O 701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0876351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, JAMES M
701 BRICKELL AVENUE
SUITE 1400
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: LORENZO, JOSE C
Address: 815 NW 57 AVE., SUITE 305
City-St-Zip: MIAMI, FL 33126

Title: VP () Delete
Name: LORENZO, ESTHER
Address: 815 NW 57 AVE., SUITE 305
City-St-Zip: MIAMI, FL 33126

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSD (X) Change () Addition
Name: LORENZO, JOSE C
Address: 815 NW 57 AVE., SUITE 305
City-St-Zip: MIAMI, FL 33126

Title: VTD (X) Change () Addition
Name: LORENZO, ESTHER
Address: 815 NW 57 AVE., SUITE 305
City-St-Zip: MIAMI, FL 33126

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE C LORENZO

DPS

04/17/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date