## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # S48328 02-26-2007 90073 025 \*\*\*150.00 LOMITA, INC. Principal Place of Business Mailing Address 2800 ISLAND BLVD RJS - 201 S BISCAYNE BLVD **UNIT 2102** STE 1500 MIAMI, FL 33131 WILLIAMS ISLAND, FL 33160 3. Mailing Address 2. Principal Place of Business - No P.O. Box # 8232 NW 30 Terr Suite, Apt #. etc. Suite, Apt. #, etc. 01082007 CR2E034 (12/06) Chg-P Applied For City & State 4. FEI Number City & State 65-0257736 Not Applicable Miami, Fl Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 33122 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HERNANDEZ, ARMANDO PA Street Address (P.O. Box Number is Not Acceptable) 255 ALHAMBRA CIRCLE 720 CORAL GABLES, FL 33134 City Zip Code 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 SIGNATURE Signature (your or protect name of registeries) opinic and older trapplicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change DPST TITLE ☐ Addition FIT! F ☐ Delete DPST MALO MONSALVE, MANUEL NAME NAME MALO MONSALVE MANUEL STREET ADDRESS STREET ADDRESS RJS - 201 S BISCAYNE BLVD #1500 8232 NW 30 Terr CITY-ST-ZIP MIAMI, FL 33131 CITY-S1-ZIP Miami, Fl 33122 ☐ Delete ☐ Change Addition IdLE NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete 1011 100 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete HILLE Addition NAME NAME Ċ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 011Y-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE THE MAL NAME STREET ADDRESS STREET ADDRESS 2(1Y-\$1-ZIP CHY-ST-ZIP ☐ Delete Change Addition HILE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CHY SI-7P 12. Thereby 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 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: \_

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 26, 2007 8:00 am



## **Filing Instructions**

## Form 2007-Corporation Annual Report

Name: LOMITA, INC.

**Remittance:** Payment for \$150.00 Payable to Florida Department of State.

Write the document number on the check (\$48328)

Mail to: Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

Signature: The form should be signed and dated as well as telephone number

Due Date: Before April 30, 2007

Other: Please review if the address & the officers of the corporations are

correct if not write the correct ones in the spaces indicated

Date: January 8/2007