

FROM : MCG LAW OFFICE

PHONE NO. : 8506563006

Mar. 18 2004 01:32PM P1

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 18, 2004 08:00 AM
Secretary of State**DOCUMENT # M54531**1. Entity Name:
LOIS GOLD, Q.T.R., P.A.

Principal Place of Business

**9555 N. KENDALL DR.
#102
MIAMI, FL 33176 US**

Mailing Address

**9555 N. KENDALL DR.
#102
MIAMI, FL 33176 US**UN00000091456
03/18/04-80009-016 150.00

03102004 No Clg-P CR22034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2629240

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**GOLD, LOIS
10121 S.W. 57 COURT
PINE CREST, FL 33106****DO NOT WRITE
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

Signature, typed or printed name of registered agent and title if applicable.

MORE: Registered Agent signature required when cancelling.

3/15/04
Date**FILE NUMBER FEE IS \$150.00
After May 1, 2004 Fee will be \$250.00**9. Election Campaign Reporting
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLD, LOIS
STREET ADDRESS	9555 N. KENDALL DR. #102
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all roles duly empowered.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

3/15/04
Date**305-596-5458**
Original Filing #