

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P04000140951

**Entity Name:** LORRAINE THOMAS P.A.

**Current Principal Place of Business:**

2751 S. PALM AIRE DR  
#105  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

2751 S PALM AIRE DR  
#105  
POMPANO BEACH, FL 33069 US

**FEI Number:** 20-1727637

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THOMAS, LORRAINE  
2751 S PALM AIRE DR  
#105  
POMPANO BEACH, FL 33069 US

*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

**Officer/Director Detail :**

Title DPST  
Name THOMAS, LORRAINE  
Address 2751 S. PALM AIRE DR  
#105  
City-State-Zip: POMPANO BEACH FL 33069

*I hereby 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 all other like empowered.*

**SIGNATURE:** LORRAINE THOMAS

**PRESIDENT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date