2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 288855

Name:

Title:

Name:

Address:

City-St-Zip:

Address

City-St-Zip:

RODRIGUEZ, LORRAINE F MRS.

3751 HIGHWAY 27 SOUTH #130

() Delete

RODRIGUEZ JR, RAMON MR.

3751 HIGHWAY 27 SOUTH #130

SEBRING, FL 33870 US

SEBRING, FL 33870 US

VP/D

FILED Apr 05, 2006 Secretary of State

Entity Name: LOROD ENTERPRISES LTD INC							
Current Principal Place of Business:					New Principal Place of Business:		
3751 HIGHWAY 27 SOUTH 130 SEBRING, FL 33870 US					101 SWALLOW AVENUE SEBRING, FL 33872 US		
	HOMAS WA BURG, VA 2		US				
FEI Number:	65-0056066	FEII	Number Applied For()	FEI Nur	mber Not Appl	icable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:		
RODRIGUEZ, RAMON 3751 HIGHWAY 27 SOUTH 130 SEBRING, FL 33870 US					RODRIGUEZ, RAMON 101 SWALLOW AVENUE SEBRING, FL 33872 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:					04/05/2006		
Electronic Signature of Registered Agent					Date		
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:		OMAS WA			Title: Name: Address: City-St-Zip:		() Change () Addition
Title: Name: Address: City-St-Zip:	P/D RODRIGUEZ 2636 SIR TH WILLIAMSBU	OMAS WA	Υ		Title: Name: Address: City-St-Zip:		() Change () Addition
Title:	T/D	() Delete			Title:	T/D	(X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

RODRIGUEZ, LORRAINE F MRS.

RODRIGUEZ JR, RAMON MR.

(X) Change () Addition

101 SWALLOW AVENUE

SEBRING, FL 33872 US

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VP/D

SIGNATURE: DR. RAMON RODRIGUEZ III P/D 04/05/2006