2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 481820

1. Entity Name
LLORENS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
135 SOUTH DRIVE	135 SOUTH DRIVE
MIAMI SPRINGS, FL 33166	MIAMI SPRINGS, FL 33166

DO NOT WRITE IN THIS SPACE

02292004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1636451	Not Applicable

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

6. Name and Address of Current Registered Agent

LLORENS, CARIDAD
135 SOUTH DRIVE
MIAMI SPRINGS, FL 33166

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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   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00** **After May 1, 2004 Fee will be $550.00** | 9. Election Campaign Financing Trust Fund Contribution. ☐ | **$5.00** May Be Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LLORENS, MANUEL
STREET ADDRESS	135 S DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	VSD
NAME	LLORENS, CARIDAD
STREET ADDRESS	135 S DRIVE
CITY-ST-ZIP	MIAMI SPRINGS, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000092062
03/18/04-80033-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: X _____   3-10-04   305-___-____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #