2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

07-17-2006 90137 041 ***150.00

DOCUMENT # 831694

1. Entity Name
LO-PAT CORP., INC.

Principal Place of Business	Mailing Address
1345 HOLLYWOOD BLVD HOLLYWOOD, FL 33019 US	1345 HOLLYWOOD BLVD HOLLYWOOD, FL 33019 US

07072006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
		1804 Sherman St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Hollywood FL	
Zip	Country	Zip: 33020	Country: USA

4. FEI Number 25-1125789 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

GLASSO, PATRICIA A
1345 HOLLYWOOD BLVD.
HOLLYWOOD, FL 33019

7. Name and Address of New Registered Agent

Name: MARIKA TOLZ, TRUSTEE FOR P. GLASSO
Street Address (P.O. Box Number is Not Acceptable): 1804 SHERMAN ST
City: HOLLYWOOD FL Zip Code 33020

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: Marika (signature) Trustee 7/10/06
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
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☒ Change ☐ Addition
NAME	GLASSO, PATRICIA A		NAME	
STREET ADDRESS	1345 HOLLYWOOD BOULEVARD		STREET ADDRESS	1804 Sherman St.
CITY-ST-ZIP	HOLLYWOOD, FL 33019		CITY-ST-ZIP	Hollywood, FL 33020
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. I hereby 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: Marika (signature) 7/10/06 9549236536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #