

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90042 007 \*\*\*150.00

**DOCUMENT # F02000000547**

1. Entity Name  
**LIFE SETTLEMENT SOLUTIONS, INC.**



Principal Place of Business  
**9645 GRANITE RIDGE DRIVE, SUITE 120  
SAN DIEGO, CA 92123**

Mailing Address  
**9645 GRANITE RIDGE DRIVE, SUITE 120  
SAN DIEGO, CA 92123**

**DO NOT WRITE IN THIS SPACE**



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number  
**22-0022137**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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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 \_\_\_\_\_ (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	<b>PSTD President + Sole Director</b>
NAME	<b>SIMON, LARRY A</b>
STREET ADDRESS	<b>9645 GRANITE RIDGE DRIVE, SUITE 120</b>
CITY-ST-ZIP	<b>SAN DIEGO, CA 92123</b>
TITLE	<b>V.P.</b>
NAME	<b>Ronald D. Lofgren</b>
STREET ADDRESS	<b>9645 Granite Ridge Dr, Ste 120</b>
CITY-ST-ZIP	<b>San Diego, CA 92123</b>
TITLE	<b>Treasurer</b>
NAME	<b>Lorraine H. Simon</b>
STREET ADDRESS	<b>9645 Granite Ridge Dr, Ste 120</b>
CITY-ST-ZIP	<b>San Diego, CA 92123</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**RONALD D. LOFGREN**

**1/9/04 858-576-8067**

Date

Daytime Phone



January 12, 2004

Florida Department of State  
Division of Corporations  
P.O. Box 6198  
Tallahassee, FL 32314

RE: 2004 For Profit Corporation Annual Report

Dear Sir or Madam,

Enclosed please find our company's 2004 For Profit Corporation Annual Report with the required fee enclosed. Thank you for your consideration in this matter.

Should you have any questions, please feel free to contact me at (858) 576-8067.

Regards,

A handwritten signature in black ink, appearing to read "Ronald D. Lofgren".

Ronald D. Lofgren, Vice President  
LIFE SETTLEMENT SOLUTIONS, INC.

RL/rd

Encls