

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F75507

FILED  
Feb 09, 2005  
Secretary of State

Entity Name: LAWRENCE FACTOR, INC.

**Current Principal Place of Business:**

4740 NW 157 ST  
MIAMI LAKES, FL 33014 US

**New Principal Place of Business:**

**Current Mailing Address:**

4740 NW 147 ST  
MIAMI LAKES, FL 33014 US

**New Mailing Address:**

FEI Number: 59-2287373      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

KAPLAN, LAWRENCE  
4740 N W 157TH STREET  
HIALEAH, FL 33014 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: KAPLAN, LAWRENCE,  
Address: 900 BAY DR #1001  
City-St-Zip: MIAMI BCH, FL 33141

Title: DV ( ) Delete  
Name: KOSTICK, JOHN S.,  
Address: 131 NE 172 STR  
City-St-Zip: NO MIAMI BCH, FL 33162

Title: V ( ) Delete  
Name: LAUGHLIN, ROBERT M.  
Address: 18275 SW 29 ST  
City-St-Zip: MIRAMAR, FL 33029

Title: ST ( ) Delete  
Name: CUMMINGS, JUDALINE A.  
Address: 6890 MCCLELLAN ST  
City-St-Zip: HOLLYWOOD, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: KAPLAN, LAWRENCE  
Address: 900 BAY DR #1001  
City-St-Zip: MIAMI BCH, FL 33141

Title: DV (X) Change ( ) Addition  
Name: KOSTICK, JOHN S  
Address: 131 NE 172 STR  
City-St-Zip: NO MIAMI BCH, FL 33162

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: CUMMINGS, JUDALINE A  
Address: 6890 MCCLELLAN ST  
City-St-Zip: HOLLYWOOD, FL 33024

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

SIGNATURE: JUDALINE A CUMMINGS

ST

02/09/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date