

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G82300

Entity Name: LOIS CORPORATION

FILED  
Jun 30, 2006  
Secretary of State

**Current Principal Place of Business:**

10502 SW 133 PL  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 164735  
MIAMI, FL 331164735

**New Mailing Address:**

FEI Number: 59-2348189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RIVIERE, ARMANDO  
10502 SW 133PL  
MIAMI, FL 33186 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: PD ( ) Delete  
Name: RIVIERE, ARMANDO,  
Address: 10502 SW 133 PL.  
City-St-Zip: MIAMI, FL 33186

Title: ST ( ) Delete  
Name: RIVIERE, SUSANA,  
Address: 10502 SW 133 PL.  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete  
Name: ARMANDO, RIVIERE III  
Address: 10502 SW 133 PL.  
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete  
Name: RIVERE, SANTIAGO  
Address: 10502 SW 133 PL.  
City-St-Zip: MIAMI, FL 33186

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

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

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

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

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

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.

SIGNATURE: SUSANA RIVIERE

S/T

06/30/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date