


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90822 001 ***300.00

DOCUMENT # H58679 1. Entity Name LOTTERMAN COMPANIES			
Principal Place of Business 2511 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134 US		Mailing Address 2511 PONCE DE LEON BLVD SUITE 200 CORAL GABLES, FL 33134 US	
2. Principal Place of Business 2555 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 200		3. Mailing Address 2555 PONCE DE LEON BLVD Suite, Apt. #, etc. SUITE 200	
City & State CORAL GABLES, FL Zip 33134		City & State CORAL GABLES, FL Zip 33134	
Country U.S.		Country U.S.	
4. FEI Number 59-2536924		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STERNBAUM, MARC J FIRST UNION FINANCIAL CTR 200 S. BISCAYNE BLVD MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTTERMAN, LAWRENCE 2511 PONCE DE LEON BOULEVARD CORAL GABLES, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOTTERMAN, H 2511 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOTTERMAN, H 2511 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOTTERMAN, H 2511 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOTTERMAN, H 2511 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOTTERMAN, H 2511 PONCE DE LEON BOULEVARD CORAL GABLES, FL 33146	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		L. Lotterman 4/28/04 (305) 446-8002 <small>Date Daytime Phone #</small>	

66418100



04262004 Chg-P CR2E034 (10/03)