

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # H58679	
1. Entity Name LOTTERMAN COMPANIES	
Principal Place of Business 2555 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134 US	Mailing Address 2555 PONCE DE LEON BLVD. SUITE 200 CORAL GABLES, FL 33134 US



DO NOT WRITE IN THIS SPACE

04252005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-2536924

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LOTTERMAN, LAWRENCE 2555 PONCE DE LEON BLVD. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOTTERMAN, H 2555 PONCE DE LEON BLVD. CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

UD0000360136

05/05/05-80021-013 150.00

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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

DATE

Daytime Phone #

4/29/05 (305) 446-8002