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2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 27, 2005 08:00 AM Secretary of State

ANNUA	L REPORT	Apr 27, 2005 08:00
DOCUMENT # L40734 1. Entity Name HOUSE OF LORRAINE VALET SE	RVICES, INC.	Secretary of Sta
Principal Place of Business 500 EAST HALLANDALE BCH BLVD, C HALLANDALE, FL 33009US	Mailing Address 500 E. HALLANDALE BCH BLVD. C HALLANDALE, FL 33009 US	A THROUGH AND AND A BUTCH IN BUTCH IN BUTCH IN BUTCH
	E IN THIS SPACE	04192005 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applied For Not Applicabl 5. Certificate of Status Desired S8.75 Additional Fee Regulired
6. Name and Address of Current LEVITON, ARTHUR 1130 PAPAYA STREET HOLLYWOOD, FL 33019	it Hegistered Agent	DO NOT WRITE IN THIS SPACE
8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed of plinted name of registered age FILE NOW!!! FEE IS \$150.00	nt and fille it applicable (NOTE Registered Agent signatur	\$5.00 May Be
After May 1, 2005 Fee will be \$5500 10. OFFICERS AN 17/1LE PD NAME LEVITON, ARTHUR STREET ADDRESS CITY-ST-ZIP HALLANDALE BCH BLV TITLE ST NAME LEVITON, BARBRA ANN STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH, FL 3300 11/1LE NAME STREET ADDRESS CITY-ST-ZIP 11/1LE NAME STREET ADDRESS CITY-ST-ZIP 11/1LE NAME STREET ADDRESS	D DIRECTORS	U00000334726 04/27/05-80057-006 150.00 DO NOT WRITE IN THIS SPACE
SINCE FAURESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filling 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 of 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: