

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Apr 28, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # L47384**

1. Entity Name

LAL OCEAN, INC.



Principal Place of Business

800 N. FEDERAL HIGHWAY  
HALLANDALE FL 33009

Mailing Address

800 N. FEDERAL HIGHWAY  
HALLANDALE FL 33009

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0177855

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fees Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

ORENSTEIN, ARNOLD  
1319 GARFIELD STREET  
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: P  
NAME: ORENSTEIN, LORETTE  
STREET ADDRESS: 800 N FEDERAL HWY  
CITY- ST- ZIP: HALLANDALE FL 33009 ☐ Delete

TITLE: VP  
NAME: ORENSTIEN, ARNOLD  
STREET ADDRESS: 1319 GARFIELD STREET  
CITY- ST- ZIP: HOLLYWOOD FL 33019 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY- ST- ZIP: ☐ Delete

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NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY- ST- ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY- ST- ZIP: ☐ Change ☐ Addition

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NAME: ☐ Change ☐ Addition  
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CITY- ST- ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY- ST- ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARNOLD ORENSTEIN

Date

4/25/05 954  
927 8818

Daytime Phone #