

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 06, 2008 8:00 am
Secretary of State

06-06-2008 90014 042 ***150.00

DOCUMENT # L47384

1. Entity Name

LAL OCEAN, INC.



Principal Place of Business

614 622 NORTHEAST 8TH ST
HALLANDALE FL 33009

Mailing Address

1319 GARFIELD ST
HOLLYWOOD FL 33019



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

8840 Johnson St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/07)

City & State

City & State
Pembroke Pines, FL

4. FEI Number

65-0177855

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

33024

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ORENSTEIN, ARNOLD
1319 GARFIELD STREET
HOLLYWOOD FL 33019

Name
ORENSTEIN, ARNOLD

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

8840 Johnson St.

City
Pembroke Pines

FL

Zip Code
33024

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, the registered agent.

SIGNATURE

Arnold Orenstein

Signature: type 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, 2008 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	ORENSTEIN, LORETTE	
STREET ADDRESS	1319 GARFIELD ST	
CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ORENSTEIN, ARNOLD	
STREET ADDRESS	1319 GARFIELD ST	
CITY-ST-ZIP	HOLLYWOOD FL 33019	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORENSTEIN, LORETTE	
STREET ADDRESS	8840 Johnson St.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORENSTEIN, ARNOLD	
STREET ADDRESS	8840 Johnson St.	
CITY-ST-ZIP	Pembroke Pines, FL 33024	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Arnold Orenstein

Arnold Orenstein

5/29/08 9544316976

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #