

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L81144	
1. Entity Name LOX HAVEN, INC.	
Principal Place of Business 1400 S.W. 1ST CT. POMPANO BEACH, FL 33069 US	Mailing Address 1400 S.W. 1ST CT. POMPANO BEACH, FL 33069 US



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0263631	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SCHIMMEL, ROBERT L
3191 CORAL WAY PH2
100 S.E. 2ND STREET
MIAMI, FL 33145**

**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 _____ (NOTE: Registered Agent signature required when reinstating) 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 MARKMAN, STANLEY 1400 SW 1ST CT. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD PFEFFER, STANLEY 1400 SW 1ST CT. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZACHER, HARVEY 1400 SW 1ST CT. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVPD CRAIG, MARKMAN 1400 SW 1ST CT. POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
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 attaching address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #