

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L97454

Entity Name: JO LORI A CO.

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2880 9TH ST SW  
VERO BEACH, FL 32968

**New Principal Place of Business:**

2950 9TH ST SW SUITE 106  
VERO BEACH, FL 32968

**Current Mailing Address:**

1159 SW MIRROR LAKE COVE  
PORT ST. LUCIE, FL 34986

**New Mailing Address:**

FEI Number: 65-0223916

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALFARANO, VINCENT  
1159 SW MIRROR LAKE COVE  
PORT ST LUCIE, FL 34986 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ALFARANO, VINCENT  
Address: 1159 SW MIRROR LK.COVE  
City-St-Zip: PORT ST.LUCIE, FL 34986

Title: VP  
Name: ALFARANO, GLORIA  
Address: 1159 SW MIRROR LK.COVE  
City-St-Zip: PORT ST.LUCIE, FL 34986

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VINCENT ALFARANO

PRES

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date