2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 08:00 AM
Secretary of State

DOCUMENT # M54531

1. Entity Name
LOIS GOLD, O.T.R., P.A.

Principal Place of Business	Mailing Address
9555 N. KENDALL DR. #102 MIAMI, FL 33176 US	9555 N. KENDALL DR. #102 MIAMI, FL 33176 US

U00000091456
03/18/04-80009-016 150.00

03102004 No Chg-P CR2E084 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2629240
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOLD, LOIS
10121 S.W. 57 COURT
PINE CREST, FL 33156

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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: X Lois Gold 3/15/04
Signature, typed or printed name of registered agent and title if applicable. DATE
SOME Registered Agent signature required when submitting

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLD, LOIS
STREET ADDRESS	9555 N. KENDALL DR. #102
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 attachment with an address, with all other like empowered.

SIGNATURE: X Lois Gold 3/15/04 305-596-5458
SIGNATURE AND TYPE OR PRINT NAME OF INDIVIDUAL OR NAME OF ENTITY BY AUTHORIZED OFFICER OR DIRECTOR — Date — Daytime Phone #