

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90014 048 ***150.00

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01042005 Chg-P CR2E034 (10/03)

| | | | |
|---|--|--|---|
| DOCUMENT # P00000059515 1. Entity Name LAURIE, INC. | | | |
| Principal Place of Business 16385 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33360 | | Mailing Address 16385 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33360 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 16385 West Dixie Hwy Suite, Apt. #, etc. | |
| City & State | | City & State North Miami Beach FL | |
| Zip 33160 | Country | Zip 33160 | Country |
| 4. FEI Number 65-1024144 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent LAURENZO, BEN 16385 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33360 | | 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PD LAURENZO, BEN 16385 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33360 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Ben Lorenzo</i> Ben Lorenzo | | 1/6/05 (305) 945-6381 <small>Date Daytime Phone #</small> | |