

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000101337

1. Entity Name
TSR INDUSTRIES, INC.



Principal Place of Business
4410 W 16TH AVENUE, #5-260
HIALEAH, FL 33012

Mailing Address
4410 W 16TH AVENUE, #5-260
HIALEAH, FL 33012



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1048819

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fees Required

6. Name and Address of Current Registered Agent

PEREZ, BEHAR & ASSOCIATES, P.A.
13935 N W 1ST AVENUE
MIAMI, FL 33168

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when relocating)

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 PD
NAME LORENZO, KYOTO
STREET ADDRESS 4410 W 16TH AVENUE, #5-260
CITY - ST - ZIP HIALEAH, FL 33012

TITLE VP
NAME LORENZO, KEYLA
STREET ADDRESS 8822 NW 142 LN
CITY - ST - ZIP MIAMI LAKES, FL 33018

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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: *Keyla Lorenzo K. Lorenzo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-05

305-6089694

Date

Daytime Phone #