


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90275 009 \*\*\*150.00

**DOCUMENT # P01000012117**

1. Entity Name  
**LORWOOD H.C.S., INC.**



Principal Place of Business  
~~HEYWOOD~~  
**HOLLYWOOD BROAD**  
**3610 YACHT CLUB APT. 403**  
**AVENTURA FL 33180**

Mailing Address  
**BOX 4239**  
**20533 BISCAYNE BLVD.**  
**AVENTURA FL 33180**

2. Principal Place of Business  
 Suite, Apt. #, etc.  
~~4239~~


3. Mailing Address  
**20533 Biscayne Blvd**  
 Suite, Apt. #, etc.  
**4239**

City & State  
~~FL~~  
**AVENTURA**

City & State  
**AVENTURA**

Zip  
**FL**

Country  
**DADE**



1st MOORE CR2E034 (10/04)

4. FEI Number **65-1082723** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**BROAD, HEYWOOD**  
**3610 YACHT CLUB APT. 103**  
**AVENTURA FL 33180**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$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	<b>P</b> <b>HEYWOOD, BROAD</b> <b>3610 YACHT CLUB DR., APT. 403</b> <b>MIAMI FL 33180</b> <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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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

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:  **4/11/05** **954-336-8248**

\_\_\_\_\_  
 Date Daytime Phone #