

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVED AND FILED

06 APR 28 AM 10:59

SECRETARY OF STATE, TALLAHASSEE, FLORIDA

DOCUMENT # P01000012117

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



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

Mailing Address  
BOX 4239  
20533 BISCAYNE BLVD.  
AVENTURA FL 33180



1st MOORE CR2E034 (10/04)

2. Principal Place of Business  
Suite, Apt. #, etc.  
~~403~~

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

City & State  
AVENTURA

Zip  
33180

Country  
Dade

Zip  
FL

Country

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. 403  
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 DATE 4/10/06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required with certificate)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2006 Fee Will Be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing \$5.00 May Be Added to Fees  
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	HEYWOOD, BROAD	3610 YACHT CLUB DR., APT. 403	MIAMI FL 33180	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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05/10/06--01005--014 \*\*150.00

**PAID**  
529.77  
4/12

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DATE: 4/10/06 DAYTIME PHONE #: 954-336-8248

Signature and typed or printed name of signing officer or director

4/12 Bo