



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90057 042 ***150.00

DOCUMENT # P01000023669 1. Entity Name LORD AND SONS, INC.					
Principal Place of Business 169 EAST FLAGLER STREET SUITE 1627 MIAMI, FL 33131			Mailing Address 169 EAST FLAGLER STREET SUITE 1627 MIAMI, FL 33131		
2. Principal Place of Business 169 East Flagler St.		3. Mailing Address 169 East Flagler St.			
Suite, Apt. #, etc. Suite 1700		Suite, Apt. #, etc. Suite 1700		03282005 Chg-P CR2E034 (10/03)	
City & State Miami, FL		City & State Miami, FL		4. FEI Number 65-1121038	
Zip 33131		Country USA		Applied For <input type="checkbox"/> Not Applicable	
Zip 33131		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HUDSON, PHILLIP M III ESQ 80 SOUTHWEST 8TH STREET SUITE 3100 MIAMI, FL 33130				7. Name and Address of New Registered Agent Name Hudson, Phillip M. III, Esq. Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Boulevard Suite 400 City Miami FL Zip Code 33131	
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 Phillip M. Hudson-III, Esq. 3/28/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE					
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	D HOLTZ, ABEL 169 EAST FLAGLER STREET SUITE 1627 MIAMI, FL 33131	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTZ, FANA 9999 COLLINS AVE PH3B BAL HARBOUR, FL 33154	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HOLTZ, DANIEL 225 ARVIDA PKWY CORAL GABLES, FL 33156	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	O HOLTZ, JAVIER 94 LA GORCE CIR MIAMI BEACH, FL 33141	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: Abel Holtz 3/30/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone # 305-374-7801					