

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90091 023 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P01000071390 1. Entity Name LORRAINE ATHLETIC FORCE OF SOUTH BEACH INC.			
Principal Place of Business 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126		Mailing Address 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	
2. Principal Place of Business 7955 NW 12 st.		3. Mailing Address 7955 NW 12 st	
Suite, Apt. #, etc. 400		Suite, Apt. #, etc. 400	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33126	Country DADE	Zip 33126	Country DADE
4. FEI Number 65-1124006		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SANTANA, MARIA 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126		7. Name and Address of New Registered Agent Name MARIA M. SANTANA Street Address (P.O. Box Number is Not Acceptable) 7955 NW 12 st MIAMI, FL City FL Zip Code 33126	
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 relinquishing)			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$650.00		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	D ☐ Delete SANTANA, MARIA 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SANTANA, JENNIFER 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete SANTANA, JESUS 7925 NW 12 STREET SUITE 318 MIAMI, FL 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:		Date 4/27/05 Daytime Phone # 305 638-0830	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			