

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000036693

1. Entity Name
R. LOLI PROPERTY MANAGEMENT, INC.



Principal Place of Business
**1348 WASHINGTON AVE #203
MIAMI BEACH, FL 33139**

Mailing Address
**1348 WASHINGTON AVE #203
MIAMI BEACH, FL 33139**



03082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0446706

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SHERMAN, THOMAS G ESQ
218 ALMERIA AVE
CORAL GABLES, FL 33134**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$330.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
P
NAME
HERNANDEZ, ROSANA
STREET ADDRESS
340 SW 9 AVE
CITY-ST-ZIP
HALLANDALE, FL 33008

TITLE
VS
NAME
HERNANDEZ, RAUL
STREET ADDRESS
340 SW 9 AV.
CITY-ST-ZIP
HALLANDALE, FL 33008

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
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:

Rosana Hernandez — President 5-10-05 954 418 99.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #