

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 19, 2006 8:00 am**  
**Secretary of State**

05-19-2006 90025 045 \*\*\*150.00

<b>DOCUMENT # P02000036693</b> 1. Entity Name <b>R. LOLI PROPERTY MANAGEMENT, INC.</b>			
Principal Place of Business <del>1348 WASHINGTON AVE #203</del> <del>MIAMI BEACH, FL 33139</del>		Mailing Address <del>1348 WASHINGTON AVE #203</del> <del>MIAMI BEACH, FL 33139</del>	
2. Principal Place of Business <b>340 SW 9th</b>		3. Mailing Address <b>340 SW 9th</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>Hallandale</b>		City & State <b>Hallandale</b>	
Zip <b>FL</b> Country <b>33009</b>		Zip <b>FL</b> Country <b>33009</b>	
4. FEI Number <b>03-0446706</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>SHERMAN, THOMAS G ESQ</b> <b>218 ALMERIA AVE</b> <b>CORAL GABLES, FL 33134</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HERNANDEZ, ROSANA</b> <b>340 SW 9 AVE</b> <b>HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>HERNANDEZ, RAUL</b> <b>340 SW 9 AV.</b> <b>HALLANDALE, FL 33009</b>	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)	<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 exemptions contained in Chapter 119, 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.			
<b>SIGNATURE:</b> <u>Rosana Hernandez</u>		Date <u>5-15-06</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>ROSANA HERNANDEZ</b>		Daytime Phone #	