2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 18, 2008 8:00 am Secretary of State

| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DOCUMENT # P02000118322 1. Entity Name LORI VETTO INC. | | | | | 02-18-2008 90001 040 ***150.00 | | | | |
|---|--|------------------------------|---------------------|---------------------|-------------------------|--------------------------------|--------------------|-----------------|----------|------------|
| 2. Principal Place of Business - No PO. Box # 3. Mailing Addiess Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. O1302008 ChgP CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Place Applied For P | Principal Place of Business Mailing Address | | | | l | 7 . | | | | |
| Suite. Apl. #, etc. Suite. Apl. #, etc. Di302008 Chg.P CR2E034 (12/06) | 334 NE 28TH RD | | 334 NE 28TH RD | | | 4002 | 6282 | | | |
| City & States City & | 2. Principal P | 3. Mailing Address | Mailing Address | | | | | | | |
| Note Applicable Note Applicable Note Applicable Set 75 Additional Fee Required Fee R | Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 01302008 | Chg-P | CR2E034 (1 | 2/06) | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name | City & State | | City & State | | | I . | | | | |
| Name Steet Address (P.2. BOT Nurfurbilished) Acordinate with, and accept the obligations of pregistered agrees (P.2. BOT Nurfurbilished) Acordinate with, and accept the obligations of pregistered agrees (P.2. BOT Nurfurbilished) Acordinate with, and accept the obligations of pregistered agrees (P.2. BOT Nurfurbilished) Acordinate with, and accept the obligations of pregistered agrees (P.2. BOT Nurfurbilished) Acordinate with, and accept the obligations of pregistered agrees (P.2. BOT Nurfurbilished) Acordinate with, and accept the obligations of pregistered agrees (P.2. BOT Nurfurbilished) Acordinate with, and accept the obligations of pregistered agrees. (P.2. BOT Nurfurbilished) Acordinate with, and accept the obligations of pregistered agrees. (P.2. BOT Nurfurbilished) Acordinate with, and accept the obligations of pregistered agrees, or both, in the State of Florida. I am familiar with, and accept the obligations of pregistered agrees, or both, in the State of Florida. I am familiar with, and accept the obligations of pregistered agrees, or both, in the State of Florida. I am familiar with, and accept the obligations of pregistered agrees, or both, in the State of Florida. I am familiar with, and accept the obligations of pregistered agrees, or both, in the State of Florida. I am familiar with, and accept the obligations of pregistered agrees, or both and requirements of pregistered agrees, | Zip | Country | Zip | Coun | try | 5. Certificate | of Status Desired | | | |
| Signet Addresses (P.D. BST Nurforbs Listing Acceptable). 8. The above named entity subplies this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories of yegisterid agent. 8. The above named entity subplies this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories of yegisterid agent. 8. The above named entity subplies this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligatories of yegisterid agent. 8. The above named and in the State of Florida. I am familiar with, and accept the obligatories of yegisterid agent. 8. The above named and in the State of Florida. I am familiar with, and accept the obligatories of yegisterid agent. 9. Election Campaign Financiple | 6. Name and Address of Current Registered | | Registered Agent | | | 7. Name and | Address of New F | Registered Agen | i | |
| SIGNATURE TILE NOWIN: FEE IS \$150.00 After May 1, 2008 FE CERS AND DIRECTORS OFFICERS AND DIRECTORS OTH STORY STORY SIRET ADDRESS OTTY-ST-2P TILE NAME SIRET ADDRESS OTTY-ST-2P TILE NAME S | D/00500 | | | | Name | | | | | |
| 8. The above named entity substitis 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 digent. SIGNATURE SIGNA | 665 SE 10TH ST | | | | Street Address | S (P.O. BOX Nurfler | y ighlo Acceptable | rect | | |
| 8. The above named entity subhits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. I am familiar with, and accept the colligations of registered agent. SIGNATURE CONTRACTOR STATEMENT OF registered agent and the international properties of registered agent and the international properties. FILE NOWILL FEET IS \$150.00 After May 1, 2008 Fee will be \$550.00 P. Election Campaign Financipo Trust Fund Contribution. TITLE WARE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE Delete TITLE MAKE STREET ADDRESS CITY-ST-2P TITLE MAKE STREET ADDRESS | | | | | 9 Pers | 6-01 | Belo | FL 2 | in Corre | 3441 |
| After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution: 10. | SIGNATURE Signature, typed or period agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | |
| TITLE NAME VETTO, LORI STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE | G After Ma | y 1, 2008 Fee will be \$550. | OO Trust Fund Cont | ribution: | | | | | | |
| NAME SIRET ADDRESS CITY-ST-2P BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STRET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STRET ADDRESS CITY-ST-2P TITLE NAME STREET ADDRESS STRET ADDRESS STREET ADDRESS | 10. | | | | | ADDITIONS/ | CHANGES TO OF | | | |
| STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDR | | . = | Delete | 1 | | | | <u></u> ! | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | STREET ADDRESS | 334 NE 25TH RD | | STRE | 223RODA T3 | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | nam Stre | et address | | | | Change | Addition |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delets | NAM STRI | EET ADDRESS | | | | | ☐ Addition |
| NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | NAM Stri | EET AODRESS | | | | Change | Addition |
| NAME STREET ADDRESS STREET ADDRESS | NAME STREET ADDRESS | | ☐ Delete | NAM STRI | EET ADDRESS | | | | Change | ☐ Addition |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information | NAME STREET ADDRESS CITY-ST-ZIP | | | nam Stri City | EET ADDRESS - ST-ZIP | | | | | Addition |

12. Thereby 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 faceiver 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 an other like empowered.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone ≱