

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90038 003 ***158.75

DOCUMENT # P02000131143

1. Entity Name
27 LOCKWOOD, INC.

Principal Place of Business
10050 S.W. 63 AVE.
MIAMI, FL 33156

Mailing Address
10050 S.W. 63 AVE.
MIAMI, FL 33156



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01132005

Chg-P

CR2E034 (10/03)

4. FEI Number

90-0068044

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MARX, JAMES ESQ.
848 BRICKELL AVE., STE. 750
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name DANTE M. MAROTTO

Street Address (P.O. Box Number is Not Acceptable)

4779 TIVOLI Place

City SARASOTA

FL

Zip Code

34235-3649

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: *X Dante M. Marotto* DANTE M. MAROTTO 1/28/05
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 \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME PST
CZEISLER, LUDWIG ☐ Delete
STREET ADDRESS 10050 S.W 63 AVENUE
CITY-ST-ZIP MIAMI, FL 33156

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 4779 TIVOLI Place
CITY-ST-ZIP SARASOTA, FL 34235-3649

TITLE
NAME ☐ Change ☒ Addition
STREET ADDRESS D.V.S.
CITY-ST-ZIP CARMEN CZEISLER
4779 TIVOLI Place
SARASOTA, FL 34235-3649

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS D
CITY-ST-ZIP ALEJANDRO CZEISLER
4779 TIVOLI Place
SARASOTA FL 34235-3649

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *X Ludwig Czeisler* Ludwig Czeisler 1/28/05 360-1600 (941)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone