

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

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

02-16-2005 90044 010 \*\*\*150.00

DOCUMENT # P03000013302

1. Entity Name

LAMAZING LIPS, INC.



Principal Place of Business

5640-G COACH HOUSE CIRCLE  
BOCA RATON FL 33486

Mailing Address

5640-G COACH HOUSE CIRCLE  
BOCA RATON FL 33486

50010631

2. Principal Place of Business

~~5915 Pinebrook~~  
2900 W. Sample Rd. R-5149

3. Mailing Address

5915 Pinebrook Dr.



1st MOORE

CR2E034 (10/04)

City & State

Bonaparte Beach, FL

City & State

Boca Raton FL

4. FEI Number

56-2320615

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MARINARO, LYNNE A  
5640-G COACH HOUSE CIRCLE  
BOCA RATON FL 33486

7. Name and Address of New Registered Agent

Name MARINARO, Lynne A

Street Address (P.O. Box Number is Not Acceptable)  
5915 Pinebrook Drive

City Boca Raton

FL

Zip Code 33433

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

*Lynne A. Marinaro*

(NOTE: Registered Agent signature required when reinstating)

2/9/05

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPT ☐ Delete  
NAME MARINARO, LYNNE A  
STREET ADDRESS 5640-G COACH HOUSE CIRCLE  
CITY-ST-ZIP BOCA-RATON FL 33486

TITLE DVS ☐ Delete  
NAME ANDERSON, KEVIN L  
STREET ADDRESS 5640-G COACH HOUSE CIRCLE  
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 5915 Pinebrook Dr.  
CITY-ST-ZIP Boca Raton, FL 33433

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 5915 Pinebrook Dr.  
CITY-ST-ZIP Boca Raton, FL 33433

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

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

TITLE ☐ Change ☐ Addition  
NAME  
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)(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:

*Lynne A. Marinaro*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/05 (934)614-8241  
Date Daytime Phone #