2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000052237

Entity Name: LOSSERES CORPORATION

FILED Apr 19, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	UTH POST F	RD			
# 101 WESTON	, FL 33331	US			
Current Mailing Address:			New Mailing Address:		
	UTH POST F	RD			
# 101 WESTON	, FL 33331	US			
FEI Number	: 20-0021658	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address o	Name and Address of New Registered Agent:	
# 101	ILDA UTH POST F , FL 33331				
	e named entit e of Florida.	y submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATU		. 0. 1 10			
		onic Signature of Registered Ag	jent	Date	
Election Ca	mpaign Financ	ing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MIROS, KAR 404 EAST 76	() Delete YM 8 STREET #4G NY 10021 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP MIROS, GILI 16060 S PO: WESTON, FI	ST RD #101	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MIROS, ANT	H POST ROAD # 101	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILDA MIROS VP 04/19/2009