

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 17, 2007 8:00 am**  
**Secretary of State**

04-17-2007 90057 034 \*\*\*150.00

DOCUMENT # P03000060833

1. Entity Name

CHEF LORENZO ENTERPRISES, INC.



Principal Place of Business

Mailing Address

~~20889 ST. ANDREWS BLVD.,~~  
~~VILLA 4~~  
~~BOCA RATON FL 33433-1710~~

~~20889 ST. ANDREWS BLVD.,~~  
~~VILLA 4~~  
~~BOCA RATON FL 33433-1710~~



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

13845 VIA VITTORIA

13845 VIA VITTORIA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DELRAY BEACH, FL

DELRAY BEACH, FL

City & State

City & State

1st MOORE

CR2E034 (10/06)

Zip  
33446

Country  
USA

Zip  
33446

Country  
USA

4. FEI Number 55-0836424

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHECHTERMAN, LAWRENCE  
~~20889 ST. ANDREWS BLVD.,~~  
~~VILLA 4~~  
~~BOCA RATON FL 33433-1710~~

Name

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

13845 VIA VITTORIA

City  
DELRAY BEACH

FL

Zip Code  
33446

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

Signature, typed or printed name of registered agent and title if applicable.

LAWRENCE SCHECHTERMAN

(NOTE: Registered Agent signature required when reinstating)

4/1/07  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 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 D.P. ☐ Delete  
NAME SCHECHTERMAN, LAWRENCE  
STREET ADDRESS ~~20889 ST. ANDREWS BLVD., VILLA 4~~  
CITY-ST-ZIP ~~BOCA RATON FL 33433-1710~~

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 13845  
STREET ADDRESS ~~13845 VIA VITTORIA~~  
CITY-ST-ZIP DELRAY BEACH, FL 33446

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

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

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

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 exemptions contained in Section 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAWRENCE SCHECHTERMAN, President 4/1/07 561-381-7750

Date

Daytime Phone #