

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000151707

**FILED**  
**Apr 15, 2011**  
**Secretary of State**

**Entity Name:** LOU ANNINO, INC.

**Current Principal Place of Business:**

18752 N.W. 24TH PLACE  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

18752 N.W. 24TH PLACE  
PEMBROKE PINES, FL 33029 04

**Current Mailing Address:**

18752 N.W. 24TH PLACE  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

18752 N.W. 24TH PLACE  
PEMBROKE PINES, FL 33029 04

**FEI Number:** 20-0510580

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANNINO, LOUIS  
18752 N.W. 24TH PLACE  
PEMBROKE PINES, FL 33029 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PST  
Name: ANNINO, LOUIS  
Address: 18752 N.W. 24TH PLACE  
City-St-Zip: PEMBROKE PINES, FL 33029 04

I hereby 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 all other like empowered.

SIGNATURE: LOUIS ANNINO

PST

04/15/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date