

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90034 027 \*\*\*150.00

DOCUMENT # P04000028592

1. Entity Name

LORRAINE BAREISS, INC.



Principal Place of Business

~~1506 SW 22ND AVE~~ 2001 SW 22ND Way  
BOYNTON BEACH FL 33426  
US

Mailing Address

~~1506 SW 22ND AVE~~ 2001 SW 22ND Way  
BOYNTON BEACH FL 33426  
US



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

2001 SW 22ND Way

Suite, Apt. #, etc.

3. Mailing Address

2001 SW 22ND Way

Suite, Apt. #, etc.

1st MOORE

CR2E034 (10/06)

City & State

Boynton Beach, FL

City & State

Boynton Beach, FL

4. FEI Number

34-1999686

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BAREISS, LORRAINE J  
2001 SW 22 WAY  
BOYNTON BCH FL 33426

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 *Lorraine J. Bareiss*

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, 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 ☐ Delete  
NAME BAREISS, LORRAINE J  
STREET ADDRESS ~~1506 SW 22ND AVE~~ 2001 SW 22ND Way  
CITY - ST - ZIP BOYNTON BCH FL 33426

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 2001 SW 22ND Way  
CITY - ST - ZIP

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

TITLE ☐ Change ☐ Addition  
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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: *Lorraine J. Bareiss* Lorraine J. Bareiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

361-732-8591

File a

Daytime Phone \*