


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # P04000092133	
1. Entity Name LOLADERO, INC.	

Principal Place of Business 600 BILTMORE WAY APARTMENT 707 CORAL GABLES FL 33134	Mailing Address 600 BILTMORE WAY APARTMENT 707 CORAL GABLES FL 33134
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2. Principal Place of Business - No P.O. Box # 600 BILTMORE WAY Suite, Apt. #, etc. 707 City & State CORAL GABLES, FL Zip 33134 Country U.S.A.	3. Mailing Address 600 BILTMORE WAY Suite, Apt. #, etc. 707 City & State CORAL GABLES, FL Zip 33134 Country U.S.A.
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1st MOORE CR2E034 (10/06)

4. FEI Number 20-1251075	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent LEWIS, ALFRED D 600 BILTMORE WAY APARTMENT 707 CORAL GABLES FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) 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: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LEWIS, ALFRED D 600 BILTMORE WAY APT. 707 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D LEWIS, PAULINE 600 BILTMORE WAY APT. 707 CORAL GABLES FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	U00000733446 <input type="checkbox"/> Change <input type="checkbox"/> Addition 05/09/07-80086-017 150.00
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Alfred D. Lewis - ALFRED D. LEWIS-4/24/07-1-305-567-0074  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #