

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

04-29-2005 90254 020 \*\*\*150.00  
P04000161482

DOCUMENT # P04000161482

1. Entity Name  
LOURO ASSOCIATES, INC.



FILED

05 JUL -6 PM 2:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
12515 N. KENDALL DRIVE  
SUITE 222  
MIAMI, FL 33186 US

Mailing Address  
12515 N. KENDALL DRIVE  
SUITE 222  
MIAMI, FL 33186 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04122005 Chg-P CR2E034 (10/03)

4. FEI Number  
36-4565460

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

LEONARDO, JOSE J  
12515 N. KENDALL DRIVE  
SUITE 222  
MIAMI, FL 33178-6

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

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

(NOTE: Registered Agent signature required when relinquishing)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete  
NAME CUADRA, LOURDES  
STREET ADDRESS ~~44621 NW 101 STREET~~  
CITY-ST-ZIP MIAMI, FL 33170

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 6101 Blue Lagoon Drive, Suite 100  
CITY-ST-ZIP MIAMI, FL 33126

TITLE VP ☐ Delete  
NAME ALVAREZ, ROSA  
STREET ADDRESS ~~10110 NW 72 AVENUE~~  
CITY-ST-ZIP MIAMI, FL 33150

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 6101 Blue Lagoon Drive, Suite 100  
CITY-ST-ZIP MIAMI, FL 33126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 exemption stated in Section 119.07(3)(i), 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 the empowered.

SIGNATURE: *Loures Cuadra* Lourdes Cuadra 4/26/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #