

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P05000038126**

1. Entity Name  
**LORVIC ENTERPRISES CORPORATON**



Principal Place of Business  
**104 N 26TH AVENUE  
TAMPA, FL 33603**

Mailing Address  
**104 N 26TH AVENUE  
TAMPA, FL 33603**

**DO NOT WRITE IN THIS SPACE**



04282007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**20-2483090**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**PINALES, VICTOR  
104 N 26TH ST  
TAMPA, FL 33603**

**DO NOT WRITE  
IN THIS SPACE**

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 reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	PINALES, VICTOR
STREET ADDRESS	708 E WOOD STREET
CITY-ST-ZIP	TAMPA, FL 33604
TITLE	VP
NAME	PINALES, FREDDY
STREET ADDRESS	104 N 26TH STREET
CITY-ST-ZIP	TAMPA, FL 33603
TITLE	T
NAME	PINALES, CESAR
STREET ADDRESS	13722 N 23RD STREET
CITY-ST-ZIP	TAMPA, FL 33613
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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05/22/07-80022-006 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

**4/28/07**

**813-817-4238**

Date

Daytime Phone #