


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90385 032 ***150.00

DOCUMENT # P05000051881

1. Entity Name
LORY INTERIOR REMODELATION & DESIGN CORP.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
*2110 Blue Water Rd.
Suite, Apt. #, etc.
Cutter Ridge.
City & State
Miami, FL 33189.
Zip
33189. Country
U.S.A.*

3. Mailing Address
*Same.
Suite, Apt. #, etc.*

40074993
CR2E034B (8/05)

4. FEI Number
11-3747395

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
RAUL CARDONA

Street Address (P.O. Box Number is Not Acceptable)
*2110 Blue Water Rd.
Miami, FL 33189.*

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<i>PRESIDENT, SEC. & TREASURER. RAUL CARDONA. 2110 Blue Water Rd. Cutter Ridge Miami, FL 33189</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other titles empowered.

SIGNATURE: *[Signature]* **04/24/06** (305) **321-3439**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____