

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 8:00 am
Secretary of State

04-10-2006 90340 007 ***158.75

DOCUMENT # P05000089913

1. Entity Name
LOMART SERVICES INC



Principal Place of Business
**5280 SW 141 TERR
MIRAMAR, FL 33027**

Mailing Address
**5280 SW 141 TERR
MIRAMAR, FL 33027**

20027570



2. Principal Place of Business
4799 NW 7th Avenue

3. Mailing Address

Suite, Apt. #, etc.
D

Suite, Apt. #, etc.

04042006 Chg-P CR2E034 (11/05)

City & State
Miami, FL

City & State

4. FEI Number
59-3809874

Applied For
Not Applicable

Zip **33127**

Country **USA**

Zip

Country

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

**MARTE, LORENZO A
5280 SW 141 TERR
MIRAMAR, FL 33027**

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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 **PT** ☐ Delete
NAME **MARTE, LORENZO A**
STREET ADDRESS **5280 SW 141 TERR**
CITY- ST- ZIP **MIRAMAR, FL 33027**

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

TITLE **VS** ☐ Delete
NAME **DURAN, RAFAELINA**
STREET ADDRESS **5280 SW 141 TERR**
CITY- ST- ZIP **MIRAMAR, FL 33027**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY- ST- ZIP

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

12. I hereby certify that the information supplied with this form 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

Lorenzo A Marte, President 04/04/06

Date

Daytime Phone #