


2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Feb 11, 2004 08:00 AM
Secretary of State

DOCUMENT # P92000015393

1. Entity Name
L.R.M. INVESTMENT CORP.



Principal Place of Business 2101 CORPORATE BLVD. STE 107 BOCA RATON, FL 33431-7343 US	Mailing Address 2101 CORPORATE BLVD. STE 107 BOCA RATON, FL 33431-7343 US
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02082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0377708	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

INC. M & W AGENTS
2101 CORPORATE BLVD.
STE 107
BOCA RATON, FL 33431

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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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	P CHAVES, MARK 2101 CORPORATE BLVD SUITE 107 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD CHAVES, ROBERT 2101 CORPORATE BLVD SUITE 107 BOCA RATON, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Mark Chaves, P. FEB 08, 04 305-996-1792

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