


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P92000015393**

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



Principal Place of Business      Mailing Address

**2101 CORPORATE BLVD.**      **2101 CORPORATE BLVD.**  
**STE 107**      **STE 107**  
**BOCA RATON, FL 33431-7343 US**      **BOCA RATON, FL 33431-7343 US**

**DO NOT WRITE IN THIS SPACE**



01132006 No Chg-P CR2E034 (11/05)

4. FEI Number      Applied For  
**65-0377708**      Not Applicable

5. Certificate of Status Desired       **\$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**

**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 \_\_\_\_\_ (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

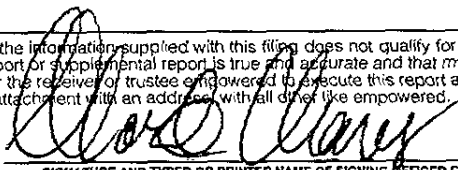
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 02/01/06-80016-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CHAVES, MARK
STREET ADDRESS	2101 CORPORATE BLVD SUITE 107
CITY-ST-ZIP	BOCA RATON, FL
TITLE	STD
NAME	CHAVES, ROBERT
STREET ADDRESS	2101 CORPORATE BLVD SUITE 107
CITY-ST-ZIP	BOCA RATON, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 direct like empowered.

SIGNATURE:       1/20/06 305-799-7242

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