

ANNUAL REPORT*2007 For PROFIT CORPORATION***DOCUMENT # P92000015393**1. Entity Name
L.R.M. INVESTMENT CORP.**FILED****Jan 16, 2007 08:00 AM**
Secretary of State

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

01122007

No Chg-P

CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0377708

Applied For

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 _____

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 \$550.009. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to FeesU00000587359
01/17/07-80030-015 150.00**10. OFFICERS AND DIRECTORS**TITLE P
NAME CHAVES, MARK
STREET ADDRESS 2101 CORPORATE BLVD SUITE 107
CITY-ST-ZIP BOCA RATON, FLTITLE STD
NAME CHAVES, ROBERT
STREET ADDRESS 2101 CORPORATE BLVD SUITE 107
CITY-ST-ZIP BOCA RATON, FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

1/13/07