

**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 <input type="checkbox"/>	<b>\$8.75</b> 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000587359  
01/17/07-80030-015 150.00

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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:**

*[Handwritten Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*1/13/07*  
Date

Daytime Phone #