2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P94000034180

1. Entity Name
LORD & COMPANY GROUP CORP.

Principal Place of Business	Mailing Address
1 NE 1ST STREET SUITE 6A MIAMI, FL 33132	1 NE 1ST STREET SUITE 6A MIAMI, FL 33132

DO NOT WRITE IN THIS SPACE

03252004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
33-0998766	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

CASTILLO, LORENZO
1 NE 1ST STREET
SUITE 6A
MIAMI, FL 33132

DO NOT WRITE
IN THIS SPACE

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)

300037064933
05/25/04--01007--007 **150.00

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

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10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASTILLO, LORENZO
STREET ADDRESS	1 NE 1ST STREET, 6A
CITY-ST-ZIP	MIAMI, FL 33132

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
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TITLE	
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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)(i), 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 #