## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

## May 01, 2006 08:00 AM Secretary of State DOCUMENT # P95000003968 LORENZO PROPERTIES, INC. Principal Place of Business Mailing Address 4310 NW 35 AVE 4310 NW 35 AVE MIAMI, FL 33142 US MAMI, FL 33142 04192006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 65-0587526 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent LORENZO, HUMBERTO DO NOT WRITE 4310 NW 35 AVE MIAMI, FL 33142 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 segistered agent arest life if annitositie. (NOTE: Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 U00000549539 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees 05/13/06-80025-012 150.00 10. OFFICERS AND DIRECTORS TRUE NAME LORENZO, HUMBERTO 4310 NW 35 AVE STREET ADDRESS CITY-ST-AP MIAMI, FL TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

## DO NOT WRITE IN THIS SPACE

FILED

12. I hereby certify that the information supplied with this filling 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 fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, will all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 7/71E NAME STREET ADDRESS CITY-ST-ZIP

IAME OF SIGNING OFFICER OR DIRECTO