

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000094903

Entity Name: LORAL ASSOCIATES, INC.

FILED  
Feb 24, 2005  
Secretary of State

## Current Principal Place of Business:

316 NW SHORELINE CIRCLE  
PORT ST. LUCIE, FL 34986

## New Principal Place of Business:

## Current Mailing Address:

316 NW SHORELINE CIRCLE  
PORT ST. LUCIE, FL 34986

## New Mailing Address:

FEI Number: 65-0635512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

PAUL BOGUS  
16237 OPAL CREEK DRIVE  
FT LAUDERDALE, FL 33331 US

## Name and Address of New Registered Agent:

PAUL BOGUS  
316 NW SHORELINE CIRCLE  
PORT ST. LUCIE, FL 34986 US

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.

SIGNATURE: \_\_\_\_\_

02/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BOGUS, PAUL  
Address: 16237 OPAL CREEK DR.  
City-St-Zip: FT. LAUDERDALE, FL 33331

Title: VD ( ) Delete  
Name: BOGUS, ILENE  
Address: 16237 OPAL CREEK DR.  
City-St-Zip: FT. LAUDERDALE, FL 33331

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: BOGUS, PAUL  
Address: 316 NW SHORELINE CIRCLE  
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: VD (X) Change ( ) Addition  
Name: BOGUS, ILENE  
Address: 316 NW SHORELINE CIRCLE  
City-St-Zip: FT. LAUDERDALE, FL 34986

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL BOGUS

PD

02/24/2005

Electronic Signature of Signing Officer or Director

Date