## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P96000009962**

1. Entity Name

LORRAINE ATHLETIC FORCE INC.

FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

7955 NW 12 STREET

MIAMI, FL 33126

Mailing Address

7955 NW 12 STREET MIAMI, FL 33126



## DO NOT WRITE IN THIS SPACE

01162007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0637334

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

SANTANA, MARIA M 7955 NW 12 STREET MIAMI, FL 33126

## 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, typod or printed name of registered agent and little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Signature, typical or pration rights on registered against and like a subjection. (I/OTIC registered Again of planted included an included an included an included an included an included an included and included an include					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		<ol><li>Election Campaign Finance Trust Fund Contribution.</li></ol>	cing 🗆	\$5.00 May Be Added to Fees	000000590557 01/18/07-80061-004 150.00
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SANTANA, JESUS 2480 NW 20 STREET MIAMI, FL 33142				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SANTANA, JENIFFER 2480 NW 20 STREET MIAMI, FL 33142				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SANTANA, MARIA 2480 NW 20 STREET MIAMI, FL 33142		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE		
TITLE NAME STREET ADDRESS					

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 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:

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

MARIA M SONTANA Hesian 1-17-07 305-609.35

Daytima Phone #