2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000039406

1. Entity Name
L.O.S. CORP.

Principal Place of Business	Mailing Address
2357 STIRLING RO 6 DANIA, FL 33312 US	PO BOX 460461 FT LAUDERDALE, FL 33346 US

2. Principal Place of Business
700 E DANIA BEACH BLVD
Suite, Apt. #, etc.
202
City & State DANIA FL
Zip 33004
Country

3. Mailing Address
700 E DANIA BEACH BLVD
Suite, Apt. #, etc.
202
City & State DANIA FL
Zip 33004
Country

03092006   Chg-P   CR2E034 (11/05)

4. FEI Number
65-0663989
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VIVIES, PATRICK 700 E. DANIA BEACH BLVD SUITE 202 DANIA, FL 33004	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME MAUGARD, PIERRE STREET ADDRESS PO BOX 460461 CITY-ST-ZIP FT LAUDERDALE, FL 33346	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #