

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90075 016 ***150.00

DOCUMENT # P96000039406

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



Principal Place of Business
700 E. DANIA BEACH BLVD
SUITE 202
DANIA, FL 33004 US

Mailing Address
700 E. DANIA BEACH BLVD
SUITE 202
DANIA, FL 33004 US

DO NOT WRITE IN THIS SPACE

40103011



01032007 No 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

VIVIES, PATRICK
700 E. DANIA BEACH BLVD
SUITE 202
DANIA, FL 33004

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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 registered agent and title if

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MAUGARD, PIERRE
STREET ADDRESS PO BOX 460495
CITY-ST-ZIP FT LAUDERDALE, FL 33346

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

*PD Maugard Pierre
700 E Dania Beach
Bld Suite 202
Dania FL 33004
(Change address
Please)*

**DO NOT WRITE
IN THIS SPACE**

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 #

Pierre Maugard 03/19/2007