

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000089648

1. Entity Name  
LOLESKI ENTERPRISES CORP.



Principal Place of Business  
5301 SW 14 ST  
PLANTATION, FL 33317 US

Mailing Address  
5301 SW 14 ST  
PLANTATION, FL 33317 US

**FILED**  
**Jul 23, 2008 08:00 AM**  
**Secretary of State**



07192008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0704493	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

LOLESKI, LUBA  
5301 SW 14 ST  
PLANTATION, FL 33317

**DO NOT WRITE  
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 applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LOLESKI, LUBA 5301 SW 14TH ST PLANTATION, FL 33317
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD LOLESKI, DIMCE 5301 SW 14TH ST PLANTATION, FL 33317
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000000956098  
07/23/08-80003-010 150.00

**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:**

*Luba Loleski* PTD  
Luba Loleski PTD

7/18/08 954-584-0663  
Date Daytime Phone #