

## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2004 08:00 AM Secretary of State

AIIIIOAL IILI OIII					Se.	cretary	ot State
DOCUI 1. Entity Name LOTTEM,		397			20	er coury	or state
Principal Place	e of Business	Mailing Address		] '		••	_
381 N KROME AVE 381 N KROME AVE							
205 205							
HOMESTEAD, FL 33030 US HOMESTEAD, FL 33030 US			S	COMPRESSOR III	: 1911  ISBN 8411 8411 8811	131 <b>20115</b> (1 <b>50</b> 1 17 <b>50</b> ) (1010 11	
		·	<u> </u>				
				01302004	No Chg-P	CR2E034 (10/	(03)
ח	O NOT WRITE	CE				Applied For	
BO NOT WHITE IN THIS STA				4. FEI Number 65-073		-	Not Applicable
						\$8.75	Additional
				5. Certificate	of Status Desired	Fee Re	
	6. Name and Address of Current Re	egistered Agent	J	· · · · · · · · · · · · · · · · · · ·			
	-						
GUGLIUZZA, CHARLES R			DO NOT WRITE				
381 N KROME AVE SUITE 205							
HOMESTEAD, FL 33030			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.							
the designation of a signature of a signature of the sign							
SIGNATURE Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstalling)  DATE							
Signature, types to printed many or regulated agent man and a special or transfer and a special							
FIL	E NOW!!! FEE IS \$150.00	9. Election Campaign Fina		.00 May Be			
	ay 1, 2004 Fee will be \$550.00	Trust Fund Contribution	☐ Ada	ded to Fees			
10.	OFFICERS AND D	IRECTORS [					
TITLE	PST		<b>1</b>				
NAME	LOPEZ, RUFINO F						
STREET ADDRESS	PO BOX 924086		-				
CITY-ST-ZIP	PRINCETON, FL 33092				<del></del>	: :	
TITLE					U001	00086300	
NAME STREET ADDRESS					03/12/0	000086300 04-80016 <b>-</b> 0	25 150.00
CITY-ST-ZIP							
TITLE			<b></b>			·	··
NAME							
STREET ADDRESS				DO	NIOT W	/DITE	
CITY-ST-ZIP				DO	NOT W	MIIE	ļ
TITLE				IN :	THIS SI	PACE	
NAME				11.4			i
STREET ADDRESS			i				•
CITY-ST-ZIP			-				:
TITLE							
STREET ADDRESS							
CITY-ST-ZIP			1				
TITLE			1				
NAME							
STREET ADDRESS							
CITY - ST - ZIP	1		1				

12. I hereby certify that the information supplied with this filling does not qualify 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 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.

3-8-04 Date

Daytime Phone 4

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR