

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2005 8:00 am
Secretary of State

02-07-2005 90050 038 ***150.00

DOCUMENT # P97000024056 1. Entity Name LORDGENE INVESTMENT, INC.																													
Principal Place of Business 10623 DEERGRASS LN ORLANDO, FL 32821 US			Mailing Address 10623 DEERGRASS LN ORLANDO, FL 32821 US																										
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State																											
Zip	Country	Zip	Country	4. FEI Number 59-3505345																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent LOPEZ, EUGENIO 10623 DEERGRASS LN ORLANDO, FL 32821				7. Name and Address of New Registered Agent Name Lillianna LOPEZ- CARRILLO Street Address (P.O. Box Number is Not Acceptable) 10623 DEERGRASS LN. City ORLANDO FL Zip Code 32821																									
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: DATE: _____ <small>Signature, typed or printed name of registered agent and the filer is required (NOTE: Registered Agent signature required when re-stating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">PT LOPEZ, EUGENIO A</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>10623 DEERGRASS LN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO, FL 32824</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	PT LOPEZ, EUGENIO A	<input type="checkbox"/> Delete	NAME	10623 DEERGRASS LN		STREET ADDRESS	ORLANDO, FL 32824		CITY-ST-ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">TREASURER LOPEZ, EUGENIO A.</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>10623 DEERGRASS LN.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>ORLANDO, FL 32821</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	TREASURER LOPEZ, EUGENIO A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	10623 DEERGRASS LN.		STREET ADDRESS	ORLANDO, FL 32821		CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing 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.																													
SIGNATURE:				02-02-05 (407) 808-8921 <small>Date Daytime Phone #</small>																									