2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000034702

LET'S DO LUNCH WITH LORI, INC.



FILED Mar 29, 2007 08:00 AM Secretary of State

Principal Place of Business

1321 N.E. BAYVIEW DRIVE UNIT NO. 1 FORT LAUDERDALE, FL 33304 Mailing Address

1321 N.E. BAYVIEW DRIVE UNIT NO. 1 FORT LAUDERDALE, FL 33304



DO NOT WRITE IN THIS SPACE

CR2E034 (11/05) No Chg-P 03252007 4. FEI Number

65-0836896

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALPERN, LORI

DO NOT WRITE

1321 N.E. BAYVIEW DRIVE UNIT NO. 1 FORT LAUDERDALE, FL 33304 -8. The above named entity submits this statement for the purpose of changing its registere			IN THIS SPACE d 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, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Trust Fund Contribution.		\$5.00 May Be Added to Fees	U00000682813 04/05/07-86018-011 150.00	
10.	OFFICERS AND DIREC	TORS			<u> </u>	ヿ
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALPERN, LORI 1321 N.E. BAYVIEW DRIVE FORT LAUDERDALE, FL 33304					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-SI-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS SPACE			
NAME STREET ADDRESS CITY-ST-ZIP	• •					

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

NAME STREET ADDRESS CITY-ST-ZIP