

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 05, 2004 8:00 am**  
**Secretary of State**

04-05-2004 90059 012 \*\*\*158.75

DOCUMENT # P99000002258

1. Entity Name  
LORET DE MOLA PROPERTY INVESTMENTS INC.



Principal Place of Business  
2977 MCFRLANE RD.  
301  
CORAL GABLES, FL 33146

Mailing Address  
2977 MCFRLANE RD.  
301  
CORAL GABLES, FL 33146

2. Principal Place of Business  
9745 SUNSET DR #209

Suite, Apt. #, etc.  
MIAMI, FL  
City & State

3. Mailing Address  
2350 SW 123RD AVE

Suite, Apt. #, etc.  
MIAMI, FL  
City & State

03242004 Chg-P CR2E034 (10/03)

4. FEI Number  
65-0891211

Applied For  
Not Applicable

Zip  
33173

Country  
US

Zip  
33175

Country  
US

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

ARAZOZA, COMAS DE TORRES & FERNANDEZ-FRAGA  
2100 SALZEDO STREET  
SUITE 300  
CORAL GABLES, FL 33134

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P  
CARNERO, SISI  
1100 SW 82 AVE  
MIAMI, FL 33144

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04

Date

Daytime Phone #