2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 08, 2004
Secretary of State

DOCUMENT# P99000017839

Entity Name: LORAINE & ASSOCIATES, INC.

Current Principal Place of Business:

1420 SW 85 AVE
PEMBROKE PINES, FL 33025 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1882
OPA LOCKA, FL 33055 US

New Mailing Address:

FEI Number: 65-0912230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STOCKDALE, JOYCE
1420 SW 85 AVE
PEMBROKE PINES, FL 33025 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: STOCKDALE, JOYCE
Address: 1420 SW 85TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPST ( ) Delete
Name: JENKINS, ZELMA
Address: 1420 SW 85TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: D ( ) Delete
Name: MACK, J D
Address: 9820 NW 7TH AVE
City-St-Zip: MIAMI, FL 33150

Title: MD ( ) Delete
Name: BLAKE, DOROTHY R
Address: 9041 N.W. SAGO STREET
City-St-Zip: MIAMI, FL 33142

Title: D ( ) Delete
Name: TURNER, EVELYN
Address: 8920 NW 10TH AVENUE
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOYCE STOCKDALE PRES 09/08/2004

Electronic Signature of Signing Officer or Director Date