



2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2005 8:00 am
Secretary of State

03-15-2005 90027 043 ***150.00

DOCUMENT # P99000038742 1. Entity Name LORING & TREMONT INC.																													
Principal Place of Business C/O JOSHUA KAMERMAN 655 THIRD AVE FL 8 NEW YORK NY 10017			Mailing Address C/O J. KAMERMAN 655 THIRD AVE, FL8 NEW YORK NY 10017																										
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																											
City & State Zip Country		City & State Zip Country		4. FEI Number 58-2462309 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																													
6. Name and Address of Current Registered Agent SHATZ, SAM 20908 LEEWARD COURT N. MIAMI BEACH FL 33179				7. Name and Address of New Registered Agent Name SAMUEL SHATZ Street Address (P.O. Box Number is Not Acceptable) APT # 204 3131 CLINT MOORE ROAD City BOCA RATON FL Zip Code 33496																									
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 <i>Samuel Shatz</i> SAMUEL SHATZ, PRES. DATE 3/10/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																										
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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: *Samuel G. Shatz* **SAMUEL G. SHATZ** 3/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #