## 2008 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P99000053361

Entity Name: LORALI, INC.

FILED Jan 08, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

12575 ORANGE DR 7965 NW 21ST ST. MIAMI, FL 33122

**DAVIE, FL 33330** 

**Current Mailing Address: New Mailing Address:** 

7965 NW 21ST ST. 4474 WESTON ROAD MIAMI, FL 33122 **DAVIE, FL 33331** 

FEI Number: 61-0929070 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MENDOZA, MARCELA MENDOZA, MARCELA 2080 S. OCEAN DR. 4474 WESTON RD HALLANDALE, FL 33009 US DAVIE, FL 33331 US

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: MARCELA MENDOZA 01/08/2008

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: MGR ( ) Delete Title: (X) Change ( ) Addition MENDOZA, MARCELA MENDOZA, MARCELA

Name: Name: 4474 WESTON RD., SUITE 172 2080 S. OCEAN DR Address: Address: City-St-Zip: **DAVIE, FL 33331** City-St-Zip: HALLANDALE, FL 33009

( ) Delete Title: **PRES** Title: PRES (X) Change ( ) Addition

MENDOZA, PAUL F MENDOZA, PAUL F Name: Name: 4474 WESTON RD # 172 Address: 2080 S. OCEAN DR Address: **DAVIE, FL 33331** HALLANDALE, FL 33009 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

VΡ SIGNATURE: MARCELA MENDOZA 01/08/2008