

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90090 049 ***150.00

DOCUMENT # P99000070841

1. Entity Name
LORIOT-TRADING INTERNATIONAL, INC.



Principal Place of Business
**7915 SUMMER RIDGE PLACE
ORLANDO, FL 32819**

Mailing Address
**7915 SUMMER RIDGE PLACE
ORLANDO, FL 32819**



05022006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3594633

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LORIOT DE ROUVRAY, BRUNO
7915 SUMMER RIDGE PLACE
ORLANDO, FL 32819**

**DO NOT WRITE
IN THIS SPACE**

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)

05/01/06
DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LORIOT DE ROUVRAY, BRUNO
STREET ADDRESS	7915 SUMMER RIDGE PLACE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VP
NAME	PACALISUP, HELENE No Longer VP.
STREET ADDRESS	7915 SUMMER RIDGE PLACE
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	VP
NAME	LORIOT de Rouvray, Bruno
STREET ADDRESS	7915 Summer Ridge Pl
CITY-ST-ZIP	Orlando FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/01/06
DATE

407-301-7832
Daytime Phone #