## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

## **Secretary of State** 04-15-2004 90018 008 \*\*\*150.00 **DOCUMENT # P99000074930** 1. Entity Name LORIE VENTURES INC. Mailing Address Principal Place of Business 66421542 520 BRICKELL KEY DRIVE **520 BRICKELL KEY DRIVE SUITE 0-305 SUITE 0-305** MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. CR2E034 (10/03) Suite, Apt. #, etc. 03052003 Chg-P Applied For 4. FEI Number City & State City & State Not Applicable 65-1011270 \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FREEMAN, STEPHEN A 520 BRICKELL KEY DRIVE **SUITE 0-305** MIAMI, FL 33131 **ごら**ちん the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above named entity sybmits this the obligations of registe SIGNATURE. printed name of registered agent and title if applicable Signature, type \$5.00 May Be 9. Flection Campaign Financing FILE NOW!!! FEE IS \$550.00 Added to Fees Trust Fund Contribution. Due by September 8, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition Change 🔀 Delete TITLE PD TITLE Baskin, Yuzik NAME MALTSEVA, INNA NAME 520 Brickell Key Drive ste 0-305 STREET ADDRESS 520 BRICKELL KEY DRIVE, SUITE 0-305 STREET ADDRESS CITY-ST-ZIP 41am; fl 33121 MIAMI, FL 33131 CITY-ST-ZIP ■ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 without address, with all other like empowered. with all other like empowered. changed, or on an attachmer

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED May 14, 2004 8:00 am