2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000084827

LOIERO, JOSÉPH

HOMOSASSA, FL 34461

5792 S SUNCOAST BOULEVARD

Name:

Address:

City-St-Zip:

Entity Name: LOIERO 5, INC

FILED Jul 19, 2005 Secretary of State

Littly Nai	ile. LOIERO	J, INC.					
Current P	rincipal Place	e of Business:	New Princi	pal Place of E	Business:		
	NCOAST BO SSA, FL 3444						
Current M	ailing Addre	ss:	New Mailin	g Address:			
	NCOAST BO SSA, FL 3444						
FEI Number:	59-3598754	FEI Number Applied For()	FEI Number Not Applic	cable ()	Certificate of Status Desi	red ()	
Name and	Address of (Current Registered Agent:	Name and A	Name and Address of New Registered Agent:			
	OSEPH NCOAST BOI SSA, FL 3444						
	named entity of Florida.	submits this statement for the	e purpose of changing its	s registered of	fice or registered agen	t, or both,	
SIGNATUR	RE:						
	Electro	nic Signature of Registered A	gent		Date		
		93(2)(b), F.S., the corporation did	not receive the prior notice	·•			
	S AND DIREC	g Trust Fund Contribution(). CTORS:	ADDITIONS	S/CHANGES	TO OFFICERS AND D	IRECTORS:	
Title: Name: Address: City-St-Zip:	LOIERO, JOSE	DAST BOULEVARD	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	LOIERO, PETE	DAST BOULEVARD	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	LOIERO, JAM	DAST BOULEVARD	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title:	VP () Delete	Title:	VP (X)	Change () Addition		

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.

Name:

Address:

City-St-Zip:

LOIERO, FRÂNK

HOMOSASSA, FL 34461

5792 S SUNCOAST BOULEVARD

SIGNATURE: JOSEPH LOIERO P 07/19/2005