


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90073 025 ***150.00

DOCUMENT # S48328	
1. Entity Name LOMITA, INC.	

Principal Place of Business 2800 ISLAND BLVD UNIT 2102 WILLIAMS ISLAND, FL 33160	Mailing Address RJS - 201 S BISCAYNE BLVD STE 1500 MIAMI, FL 33131
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40024602



2. Principal Place of Business - No P.O. Box # 8331	3. Mailing Address 8232 NW 30 Terr
Suite, Apt. #, etc.	Suite, Apt. #, etc.

01082007 Chg-P CR2E034 (12/06)

City & State Miami, Fl	City & State Miami, Fl	4. FEI Number 65-0257736	Applied For <input type="checkbox"/> Not Applicable
Zip 33122	Country USA	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HERNANDEZ, ARMANDO PA 255 ALHAMBRA CIRCLE 720 CORAL GABLES, FL 33134	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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: type or print name of registered agent and file applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST MALO MONSALVE, MANUEL <input type="checkbox"/> Delete RJS - 201 S BISCAYNE BLVD #1500 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DPST <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition MALO MONSALVE MANUEL 8232 NW 30 Terr Miami, Fl 33122
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **2/20/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

400 24602

Filing Instructions

Form 2007-Corporation Annual Report

Name: LOMITA, INC.

Remittance: Payment for \$150.00 Payable to Florida Department of State.
Write the document number on the check. (S48328)

Mail to: Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Signature: The form should be signed and dated as well as telephone number

Due Date: Before April 30, 2007

Other: Please review if the address & the officers of the corporations are correct if not write the correct ones in the spaces indicated

Date: January 8/2007