


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S81024</b> 1. Entity Name ORLANDO LOLI & ASSOCIATES, INC.	
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Principal Place of Business 848 BRICKELL AVE. SUITE 830 MIAMI, FL 33131 US	Mailing Address 3384 N.E. 167TH ST. NORTH MIAMI BEACH, FL 33160 US
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**DO NOT WRITE IN THIS SPACE**



03022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0284088	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
LOLI, ORLANDO  
3384 N.E. 167TH ST.  
NORTH MIAMI BEACH, FL 33160

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	UD00000256101 03/08/05-80044-015 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOLI, ORLANDO 3384 N.E. 167TH ST. NORTH MIAMI BEACH, FL
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** Orlando Loli 3/2/05 305-3774546  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #