2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 11, 2008 08:00 AN DOCUMENT # S81024 **Secretary of State** 1. Entity Name ORLANDO LOLI & ASSOCIATES, INC. Principal Place of Business Mailing Address 80 S.W. 8TH ST. 3384 N.E. 167TH ST. **SUITE 2180** NORTH MIAMI BEACH, FL 33160 MIAMI, FL 33130 US No Cha-P CR2E034 (11/05) 01082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0284088 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOLI, ORLANDO DO NOT WRITE 3384 N.E. 167TH ST. NORTH MIAMI BEACH, FL 33160 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 Fiorida. 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. D TITLE LOLI, ORLANDO NAME 3384 N.E. 167TH ST. STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33160 TITLE U00000780183 01/14/08-80012-004 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 true employered to execute this report porrequired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trust changed, or on an attachment with air ac

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NG OFFICER OR DIRECTOR