## 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED Feb 28, 2005 8:00 am Secretary of State

DOCUMENT # V14289  1. Entity Name  ARIEL A. LORIE ACCOUNTING SERVICES, INC.					Secretary of State 02-28-2005 90221 003 ***150.00			
Principal Place of Business  -18876 LA COSTA LANE -BOCA RATON FL 33496 US		Mailing Address  18876-LA COSTA IN 1010 S.OCEAN BOCA RATON FL 33496 PM PANO BEACUS		B 4 FC 33	3062	<b>3</b> 00133	40	
Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		15	st MOORE	CR2E034 (10/04	)	
City & State		City & State			4. FEI Numb	oer 65-031368	1	Applied For Not Applicable
Zip	Country	Zip	Country	Country		e of Status Desired	□ \$8.75 Fee Req	Additional uired
	6. Name and Address of Curren	t Registered Agent	Nine		7. Name an	d Address of New	Registered Agent	
100	RIF ARIFI A		Nam 24 06			•		
188	RIE, ARIEL A. <del>76 LA COSTA LANE</del> <i>101</i> <del>34 RATON EL 33490</del> <i>Pau</i>	10 S OCEANB	LVD Street	et Address (	P.O. Box Numb	per is Not Acceptab	le)	
800	CA RATON FL 33498 Por	IPANO BEACH TO	233062					
			City				FL Zip (	Code
The above named entity submits this statement for the purpose of changing its regist				e or register				
	tions of registered agent.	or the purpose of chariging	no regionered eme	o or register	od agom, or b		iorida. Tarritarinia v	nai, and accept
SIGNATURE								<del></del>
	Signature, typed or printed name of registered ages	at and title if applicable. (f	IOTE: Registered Agent s	Bustne rednited	d when reinstaling)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State						9. Election Camp Trust Fund Co		\$5.00 May Be
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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)(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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFFICER OR DIRECTOR

02-23-05 561 715 4743
Date Day/me Phone #