

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90171 027 \*\*\*150.00

**DOCUMENT # V21932**

1. Entity Name  
LOROCO, INC.



Principal Place of Business

801 N.E. 62ND STREET  
FT. LAUDERDALE, FL 33334

Mailing Address

801 N.E. 62ND STREET  
FT. LAUDERDALE, FL 33334

04000010



**DO NOT WRITE IN THIS SPACE**

02192004 No Chg-P CR2E034 (10/03)

4. FEI Number  
65-0329180

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSE, WILLIAM  
5652 N.E. 17TH TERRACE  
FT. LAUDERDALE, FL 33334

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSE, LOIS
STREET ADDRESS	5652 N.E. 17TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	VD
NAME	ROSE, WILLIAM
STREET ADDRESS	5652 N.E. 17TH TERRACE
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	STD
NAME	COTE, PETER
STREET ADDRESS	1214 N.W. 1ST AVE.
CITY-ST-ZIP	FT. LAUDERDALE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

*Lois A. Rose* LOIS A. ROSE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/24/04

954 776-1526