


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2006 8:00 am
Secretary of State

07-14-2006 90020 032 ***150.00

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|--|---|--|--|---|--|
| DOCUMENT # V21932 | | | |  | |
| 1. Entity Name LOROCO, INC. | | | | | |
| Principal Place of Business 801 N.E. 62ND STREET FORT LAUDERDALE, FL 33334 | | | Mailing Address 801 N.E. 62ND STREET FORT LAUDERDALE, FL 33334 | | |
| 2. Principal Place of Business ABOVE | | | 3. Mailing Address ABOVE | | |
| Suite, Apt. #, etc. N/A | | | Suite, Apt. #, etc. N/A | | |
| City & State FT LAUDERDALE FL | | | City & State | | |
| Zip 33334 | Country BWD. | Zip | Country USA | 4. FEI Number 65-0329180 | |
| 6. Name and Address of Current Registered Agent ROSE, WILLIAM 5652 N.E. 17TH TERRACE FORT LAUDERDALE, FL 33334 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of New Registered Agent | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 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. | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | Zip Code | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____ | | | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 6, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ROSE, LOIS 5652 N.E. 17TH TERRACE FT. LAUDERDALE, FL | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NOTE CHG OF ADDRESS Billy and Lois Rose 2810 N.E. 59th Court Ft. Lauderdale, FL 33308 | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| | | | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ROSE, WILLIAM 5652 N.E. 17TH TERRACE FT. LAUDERDALE, FL | <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 | STD COTE, PETER 1214 N.W. 1ST AVE. FT. LAUDERDALE, FL | <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: <u><i>Lois A. Rose</i></u> Lois A. Rose Pres. | | | Date: <u>7/31/06</u> 954 771-0721 | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | <small>Date</small> | | |