

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-13-2005 90004 020 \*\*\*150.00  
V72589

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 NOV -7 AM 9:53

DOCUMENT # V72589

1. Entity Name  
LO FRIA ENTERPRISE, INC.



Principal Place of Business  
21914 OLD BRIDGE TR  
BOCA RATON, FL 33428 US

Mailing Address  
21914 OLD BRIDGE TR  
BOCA RATON, FL 33428 US



2. Principal Place of Business

123 N. Congress AVE  
Suite, Apt. #, etc.  
307

3. Mailing Address

123 N. Congress AVE  
Suite, Apt. #, etc.  
307

05202005 Chg-P CR2E034 (10/03)

City & State

Boynton Beach FL  
Zip 33426 Country

City & State

Boynton Beach FL  
Zip 33426 Country

4. FEI Number  
65-0368154

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

LO FRIA, CAMILLE M.  
21914 OLD BRIDGE TRAIL  
BOCA RATON, FL 33428

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
9850-A Bischofia Tree Way  
City Boynton Beach FL Zip Code 33436

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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

TITLE	D	<input type="checkbox"/> Delete
NAME	LO FRIA, ANTHONY	
STREET ADDRESS	21914 OLD BRIDGE TRL	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	LO FRIA, CAMILLE M	
STREET ADDRESS	21914 OLD BRIDGE TRL	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Anthony LoFria	
STREET ADDRESS	9850-A Bischofia Tree Way	
CITY-ST-ZIP	Boynton Beach, FL 33436	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LoFria, Camille	
STREET ADDRESS	9850-A Bischofia Tree Way	
CITY-ST-ZIP	Boynton, Beach FL 33436	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Anthony LoFria - Anthony LoFria - 5/30/05 561-809-9238  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #