

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F75507

Entity Name: LAWRENCE FACTOR, INC.**Current Principal Place of Business:**4740 NW 157 ST
MIAMI GARDENS, FL 33014**Current Mailing Address:**4740 NW 157 ST
MIAMI GARDENS, FL 33014 US**FEI Number:** 59-2287373**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CUMMINGS, JUDALINE AS/T
4740 N W 157TH STREET
MIAMI GARDENS, FL 33014 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	KAPLAN, LAWRENCE
Address	1265 SO ALHAMBRA CIRCLE UNIT B
City-State-Zip:	CORAL GABLES FL 33146

Title	V
Name	LAUGHLIN, ROBERT M.
Address	18275 SW 29 ST
City-State-Zip:	MIRAMAR FL 33029

Title	DV
Name	KOSTICK, JOHN S
Address	131 NE 172 STR
City-State-Zip:	NO MIAMI BCH FL 33162

Title	S/T
Name	CUMMINGS, JUDALINE A
Address	6890 MCCLELLAN ST
City-State-Zip:	HOLLYWOOD FL 33024

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUDALINE A CUMMINGS

AS/T

01/17/2014

Electronic Signature of Signing Officer/Director Detail_____
Date