

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F75507

**Entity Name:** LAWRENCE FACTOR, INC.

**Current Principal Place of Business:**

4790 NW 157 ST  
MIAMI GARDENS, FL 33014

**Current Mailing Address:**

4790 NW 157 ST  
MIAMI GARDENS, FL 33014 US

**FEI Number:** 59-2287373

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CUMMINGS, JUDALINE AS/T  
4790 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 VP  
Name KOSTICK, JOHN S  
Address 131 NE 172 STR  
City-State-Zip: NO MIAMI BCH FL 33162

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

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 CUMMINGS

**SEC / TREAS**

**01/21/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date