

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000016838

**Entity Name:** LORRAINE JOHNSON INC

**Current Principal Place of Business:**

11390 NW 46 PLACE  
SUNRISE, FL 33323

**Current Mailing Address:**

11390 NW 46 PLACE  
SUNRISE, FL 33323 US

**FEI Number:** 45-4605856

**Certificate of Status Desired:** No

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

JOHNSON, LORRAINE  
11390 NW 46 PLACE  
SUNRISE, FL 33323 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 P, S  
Name JOHNSON, LORRAINE  
Address 11390 NW 46 PLACE  
City-State-Zip: SUNRISE FL 33323

*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:** LORRAINE JOHNSON

**PRESIDENT/SECRETARY** 04/27/2016

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

\_\_\_\_\_ Date