


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90175 015 \*\*\*150.00

**DOCUMENT # 173832**

1. Entity Name  
**LASCO INTERNATIONAL INC**



Principal Place of Business      Mailing Address  
 9192 CORAL WAY STE 201      9192 CORAL WAY STE 201  
 MIAMI, FL 33165 US      MIAMI, FL 33165 US

**94069286**



2. Principal Place of Business      3. Mailing Address  
**4511 N.W. 37 Court**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

04052004    Chg-P    CR2E034 (10/03)

City & State      City & State  
**Miami, FL**  
 Zip      Country      Zip      Country  
**33142      USA**

4. FEI Number      Applied For  
~~59-4264750~~ **59-0761501**      Not Applicable

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

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**CABALLERO, MARCIA B.**  
**9142 CORAL WAY STE 201**  
**MIAMI, FL 33165**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD VILLOCH, ERNESTO E. 140 MORNINGSIDE DR CORAL GABLES, 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	VSD VILLOCH, LUCRECIA R. 140 MORNINGSIDE DR CORAL GABLES, 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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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:**  **Ernesto E. Villoch, Pres**      **4-14-2004**      **305-634-4189**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #