

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 494297

1. Entity Name
LASS CORPORATION



Principal Place of Business

**6105 SW 55TH CT
DAVIE, FL 33314**

Mailing Address

**6105 SW 55TH CT
DAVIE, FL 33314**



05192006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-6064254

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**LANE, BERNY C
6105 SW 55TH CT
FORT LAUDERDALE, FL 33314**

**DO NOT WRITE
IN THIS SPACE**

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

U000000565965
05/24/06-80002-019 150.00
DATE

**FILE NOW!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PO
LANE, BERNY C
6105 SW 55TH CT
FT LAUDERDALE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**D
LANE, KATHY C
6105 SW 55TH CT
FT LAUDERDALE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
LANE, BERNY C
6105 SW 55TH CT
FT LAUDERDALE, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #