2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 10, 2005 08:00 AM Secretary of State DOCUMENT # K95882 1. Entity Name PHYLLIS LAZAROW, INC. Principal Place of Business Mailing Address 1115 E HALLANDALE BCH BLVD 3802 NE 207 STREET HALLANDALE FL 33009 1404 ADVENTURA FL 33182 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-0129064 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAZAROW, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 3802 NE 207 STREET APT. #1404 HALLANDALE FL 33009 City Zip Code FI 8. The above named entity submits this stater 🚉 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 obligation registy . Agent. (SIGNATURE ! _ unati, num applicable (NOTE Registered Agent signature required when trunslating) DATI FILE N W!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** Mav Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete HILE Change ☐ Addition U00000223020 LAZAROW, PHYLLIS NAME NAME 02/10/05-80028-006 150.00 STREET ADDRESS 3802 NE 207 STREET APT. #1404 STREET ADDRESS ADVENTURA FL CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP Delete TILLE ☐ Change ☐ Addition THEF NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CHY-ST- ZIP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZP HILL Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-SI-NP TITLE Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f). 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 on 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 attachme

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