2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000007893 04-12-2004 90640 024 ***150.00 LAZÝ MOON, INC. Principal Place of Business Mailing Address 5901 MARIPOSA CT. 5901 MARIPOSA CT. CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 66415028 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03152004 CR2E034 (10/03) City & State City & State Applied For 4. FEI Number Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUNMA, SOMKID Street Address (P.O. Box Number is Not Acceptable) 5901 MARIPOSA CT. CORAL-GABLES, FL-33146 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agont signature required when remotising) DATE FILE NOW!!! FEE 18:\$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be 9. Election Campaign Financing Trust Fund Contribution. Added to Fees 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Change PUNMA, SOMKID NAME STREET ADDRESS 5901 MARIPOSA CT. STREET ANDRESS D01Y-51-7P CORAL GABLES, FL 33146 CITY-ST-ZP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NUME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MUE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP TITLE Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CTY-ST-ZIP ☐ Deigtz TITLE Addition ☐ Change NAME MALLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OHE. Changé - 'Addition' NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 12. Thereby 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**

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