

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051008

FILED
Apr 26, 2005
Secretary of State

Entity Name: LAUZON GONZALES & SHAH CONSULTING INC.

Current Principal Place of Business:

4729 TARFLOWER LANE
ORLANDO, FL 32829

New Principal Place of Business:

Current Mailing Address:

4729 TARFLOWER LANE
ORLANDO, FL 32829

New Mailing Address:

FEI Number: 20-1236342 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHAH, AMIT
4729 TARFLOWER LANE
ORLANDO, FL 32829 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAH, AMIT
Address: 4729 TARFLOWER LANE
City-St-Zip: ORLANDO, FL 32829 US

Title: CIO () Delete
Name: LAUZON, BRAD
Address: 9306 VENEZIA PLANTATION DR.
City-St-Zip: ORLANDO, FL 32829 US

Title: CTO () Delete
Name: GONZALES, WARREN
Address: 13611 GLASSER AVE
City-St-Zip: ORLANDO, FL 32828 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGRM (X) Change () Addition
Name: SHAH, AMIT
Address: 4729 TARFLOWER LANE
City-St-Zip: ORLANDO, FL 32829 US

Title: MGRM (X) Change () Addition
Name: LAUZON, BRAD
Address: 9306 VENEZIA PLANTATION DR.
City-St-Zip: ORLANDO, FL 32829 US

Title: MGRM (X) Change () Addition
Name: GONZALES, WARREN
Address: 2581 FLOWERING DOGWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: AMIT SHAH

_____ Electronic Signature of Signing Officer or Director

MGRM

04/26/2005

_____ Date