

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000051008

**FILED**  
**May 12, 2006**  
**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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

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

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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

MGRM

05/12/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date