

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 24, 2007 8:00 am**  
**Secretary of State**

05-24-2007 90003 001 \*\*\*150.00

**DOCUMENT # P04000125292**

1. Entity Name  
LASO GROUP, CORP.



Principal Place of Business  
5445 COLLINS AVE  
CU 14  
MIAMI BEACH, FL 33140

Mailing Address  
P.O. BOX 403028  
MIAMI BEACH, FL 33140



05162007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1567880	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BERKOWITZ, EMILIO  
5445 COLLINS AVE  
CU 14  
MIAMI BEACH, FL 33140

**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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BERKOWITZ, EMILIO P.O. BOX 403028 MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MECOZZI, HORACIO P.O. BOX 403028 MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BERKOWITZ, EMILIO P.O. BOX 403028 MIAMI BEACH, FL 33140
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**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, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MECOZZI, HORACIO

4/15/07

305 962 7930

Date

Daytime Phone #