


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000142913 1. Entity Name LAZEM DEVELOPMENT CORP.	
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Principal Place of Business 10458 NW 130 ST HIALEAH GARDENS, FL 33018	Mailing Address 10458 NW 130 ST HIALEAH GARDENS, FL 33018
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DO NOT WRITE IN THIS SPACE



03152006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1750626	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SANCHEZ, PAULA 10458 NW 130 ST HIALEAH GARDENS, FL 33018
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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 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SANCHEZ, LAZARO 10458 NW 130 ST HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP LICATA, CHRIS 401 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33444
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SANCHEZ, PAULA 10458 N.W. 130TH STREET HIALEAH GARDENS, FL 33018
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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05/04/06-80052-001 150.00

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 an other like empowered.

SIGNATURE:  **LAZARO SANCHEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **4/24/06** **305 607-7153**
DATE DAYTIME PHONE #