2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F79529

1. Entity Name
LAZCAR INTERNATIONAL INC.

Principal Place of Business	Mailing Address
5003 SW 127 PL MIAMI, FL 33175	5003 SW 127 PL MIAMI, FL 33175

DO NOT WRITE IN THIS SPACE

01232007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-2182414
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ALESSANDRINI, CELIA
5003 SW 127TH PL
MIAMI, FL 33175

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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, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000615770
02/07/07-80001-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	SDP
NAME	ALESSANDRINI, CELIA
STREET ADDRESS	5003 S.W. 127 PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	TD
NAME	ALESSANDRINI, JOSE A.,JR
STREET ADDRESS	5003 S.W. 127 PLACE
CITY-ST-ZIP	MIAMI, FL
TITLE	VP
NAME	ALESSANDRINI, ALEJANDRO A
STREET ADDRESS	5003 SW 127 PL
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Celia Alessandrini President 1/29/07 305-223-2162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #