

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P12000082628

Entity Name: LAZMULTI INC

**Current Principal Place of Business:**

692 NW 112 ST  
MIAMI, FL 33168

**FILED**  
**Feb 27, 2014**  
**Secretary of State**  
**CC9440846815**

**Current Mailing Address:**

692 NW 112 ST  
MIAMI, FL 33168

**FEI Number: 38-3888235**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LAZARD, RAGUEL  
692 NW 112 ST  
MIAMI, FL 33168 US

*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

**Officer/Director Detail :**

Title P  
Name LAZARD, RAGUEL  
Address 9200 NW 4 AVE #2  
City-State-Zip: MIAMI FL 33150

Title S  
Name JACQUET, FELITO  
Address 9200 NW 4 AVE  
2  
City-State-Zip: MIAMI FL 33150

Title TREASURER  
Name PIERRE-VILL, LEON-VIL SR.  
Address 692 NW 112 ST  
City-State-Zip: MIAMI FL 33168

Title VP  
Name LAZARD, RAGUELSON  
Address 9200 NW 4 AVE  
2  
City-State-Zip: MIAMI FL 33168

Title VT  
Name LAZARRE, GUETY VT  
Address 7855 NE 2 AVE  
1009  
City-State-Zip: MIAMI FL 33138

Title V S  
Name LAZARD, GUERSON  
Address 7855 NE 2 AVE  
1009  
City-State-Zip: MIAMI FL 33138

*I hereby 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 all other like empowered.*

**SIGNATURE: RAGUEL LAZARD**

**P**

**02/27/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date