2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 238873

1. Entity Name
LAURENZO BROTHERS INC

Principal Place of Business	Mailing Address
16385 W DIXIE HIGHWAY N MIAMI BCH, FL 33160 US	16385 W DIXIE HIGHWAY N MIAMI BCH, FL 33160 US

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
59-0903252

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAURENZO, BEN E.
16385 W DIXIE HWY
NORTH MIAMI BEACH, FL 33160

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	LAURENZO, DAVID
STREET ADDRESS	16385 W DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	PD
NAME	LAURENZO, BEN
STREET ADDRESS	16385 W DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	SD
NAME	LAURENZO, CAROL A
STREET ADDRESS	16385 W DIXIE HWY
CITY-ST-ZIP	NORTH MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

PAID
VOID #4390
CHECK # 490156
DATE # 11/5/05

U00000323090
04/22/05-80036-025 150.00

Replacement Check
50633
4/20/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Carol Laurenzo 4/20/05 305-945-6381
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #