

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 06, 2006 08:00 AM
Secretary of State**

DOCUMENT # 238873

1. Entity Name
LAURENZO BROTHERS INC



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

Mailing Address
**16385 W DIXIE HIGHWAY
N MIAMI BCH, FL 33160 US**



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0903252

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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)

**DOCUMENT # 238873
01/05/06-238873-018 150.00
DATE**

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VP
LAURENZO, DAVID
16385 W DIXIE HWY
NORTH MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
LAURENZO, BEN
16385 W DIXIE HWY
NORTH MIAMI BEACH, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
LAURENZO, CAROL A
16385 W DIXIE HWY
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

**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:

CAROL LAURENZO Sec. Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/06
Date

(305) 945-6301
Daytime Phone #