
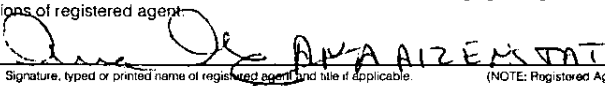



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90076 014 ***150.00

DOCUMENT # 379759					
1. Entity Name LASA, INC.					
Principal Place of Business 400 S. DIXIE HIGHWAY, #3 HALLANDALE BEACH, FL 33009			Mailing Address 400 S. DIXIE HIGHWAY, #3 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-1382591	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				03012005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
AIZENSTAT, ANA LASA INC. 400 S. DIXIE HIGHWAY, SUITE 3 HALLANDALE BEACH, FL 33009			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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: 			3-2-2005		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. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AIZENSTAT, EIBI		NAME		
STREET ADDRESS	1680 S.W. 22ND STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIZENSTAT, ANA		NAME	AIZENSTAT ANA	
STREET ADDRESS	1680 S.W. 22ND STREET		STREET ADDRESS	400 South Dixie Highway # 3	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	Hallandale Fl 33009	
TITLE	S	<input type="checkbox"/> Delete	TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AIZENSTAT, ISSAC		NAME	AIZENSTAT ISAAC	
STREET ADDRESS	1680 S.W. 22ND STREET		STREET ADDRESS	400 south dixie Highway	
CITY-ST-ZIP	MIAMI, FL 33145		CITY-ST-ZIP	Hallandale Fl 33009	
TITLE		<input type="checkbox"/> Delete	TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	AIZENSTAT ANA	
STREET ADDRESS			STREET ADDRESS	400 South Dixie Highway # 3	
CITY-ST-ZIP			CITY-ST-ZIP	Hallandale FL 33009	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	AIZENSTAT ISAAC	
STREET ADDRESS			STREET ADDRESS	400 South Dixie Highway # 3	
CITY-ST-ZIP			CITY-ST-ZIP	Hallandale Fl 33009	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: 			3-2-2005		305 8545123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #