

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90028 022 ***150.00

DOCUMENT # 563040

1. Entity Name

LASORSA ENTERPRISES, INC.



Principal Place of Business

2071 SW 70 AVENUE
SUITE G-19
DAVIE FL 33317

Mailing Address

2071 SW 70 AVENUE
SUITE G-19
DAVIE FL 33317

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1825354

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LASORSA, ANTHONY
383 SW 12 ST
BOCA RATON FL 33432

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

Anthony Lasorsa

Anthony LASORSA

3 MAR 08

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when changing agent)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution.

☐

Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME LASORSA, FRANK
STREET ADDRESS 1751 HIATUS RD
CITY-ST-ZIP PEMBROKE PINES FL ☒ Delete

TITLE MGR
NAME LASORSA, FRANK
STREET ADDRESS 1751 HIATUS RD
CITY-ST-ZIP PEMBROKE PINES FL ☒ Change ☐ Addition

TITLE SD
NAME LASORSA, ANTHONY
STREET ADDRESS 383 SW 12 ST.
CITY-ST-ZIP BOCA RATON FL 33432 ☒ Delete

TITLE MGR
NAME LASORSA, ANTHONY
STREET ADDRESS 383 SW 12 ST.
CITY-ST-ZIP BOCA RATON, FL 33432 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Anthony Lasorsa Anthony LASORSA 3 MAR 08

305-776-5109