

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 563040

FILED
May 12, 2009
Secretary of State

Entity Name: LASORSA ENTERPRISES, INC.

Current Principal Place of Business:

2071 SW 70 AVENUE
SUITE G-19
DAVIE, FL 33317

New Principal Place of Business:

Current Mailing Address:

2071 SW 70 AVENUE
SUITE G-19
DAVIE, FL 33317

New Mailing Address:

FEI Number: 59-1825354 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LASORSA, ANTHONY
383 SW 12 ST
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: MGR () Delete
Name: LASORSA, FRANK
Address: 1751 HIATUS RD
City-St-Zip: PEMBROKE PINES, FL US

Title: MGR () Delete
Name: LASORSA, ANTHONY
Address: 383 SW 12TH ST.
City-St-Zip: BOCA RATON, FL 33432 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ANTHONY LASORSA

MGR

05/12/2009

Electronic Signature of Signing Officer or Director

_____ Date