
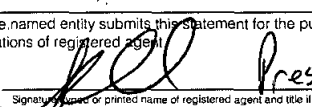
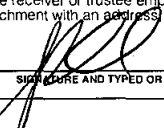


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 12, 2004 8:00 am  
Secretary of State

01-12-2004 90013 012 \*\*\*150.00

<b>DOCUMENT # 646311</b> 1. Entity Name <b>LAZOWICK, INC.</b>			
Principal Place of Business 1558 W TERRA MAR DR POMPANO BCH, FL 33062 US		Mailing Address 1558 W TERRA MAR DR POMPANO BCH, FL 33062 US	
2. Principal Place of Business <b>2849 NE 24 Street</b> Suite, Apt. #, etc.		3. Mailing Address <b>2849 NE 24 Street</b> Suite, Apt. #, etc.	
City & State <b>Ft. Lauderdale FL</b> Zip <b>33305</b> Country <b>USA</b>		City & State <b>Ft. Lauderdale FL</b> Zip <b>33305</b> Country <b>USA</b>	
4. FEI Number <b>59-1953119</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAZOWICK, STEWART</b> <b>1558 W TERR MAR DR</b> <b>POMPANO BCH, FL 33062</b>		7. Name and Address of New Registered Agent Name <b>(same) Lazowick, Stewart</b> Street Address (P.O. Box Number is Not Acceptable) <b>2849 NE 24 Street</b> City <b>Ft. Lauderdale, FL</b> Zip Code <b>33305</b>	
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  <b>Pres</b> DATE <b>1/7/04</b> <small>Signature of registered agent or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAZOWICK, STEWART 1558 W TERRA MAR DR POMPANO BCH, FL 33062	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Lazowick, Stewart 2849 NE 24 Street Ft. Lauderdale, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date <b>1/7/04</b> Daytime Phone # <b>954-563-4551</b>	