2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 17, 2006 8:00 am
Secretary of State
02-27-2006 90094 035 ***150.00

DOCUMENT # F31072

1. Entity Name

MARILYN LAZARUS INTERIOR DESIGN, INC.

Principal Place of Business	Mailing Address
10090 S.W. 67 AVENUE MIAMI FL 33156	10090 S.W. 67 AVENUE MIAMI FL 33156

1st MOORE CR2E034 (10/05)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2094452 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E
2222 PONCE DE LEON BLVD.
SUITE 500
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

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 Marilyn Lazarus DATE Feb 5-06
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, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	LAZARUS, MARILYN		NAME	
STREET ADDRESS	10090 SW 67TH AVE		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33156		CITY-ST	Chg to.
TITLE		☐ Delete	TITLE	ange ☐ Addition
NAME			NAME	210 Sunset Rd.
STREET ADDRESS			STREET A	West Palm Beach
CITY-ST-ZIP			CITY-ST	FL. 33401
TITLE		☐ Delete	TITLE	ange ☐ Addition
NAME			NAME	for place of business
STREET ADDRESS			STREET A	of MARILYN'S
CITY-ST-ZIP			CITY-ST	
TITLE		☐ Delete	TITLE	ange ☐ Addition
NAME			NAME	Address After
STREET ADDRESS			STREET A	March 30 - 06
CITY-ST-ZIP			CITY-ST	
TITLE		☐ Delete	TITLE	ange ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET A	
CITY-ST-ZIP			CITY-ST	
TITLE		☐ Delete	TITLE	ange ☐ 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 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: Marilyn Lazarus MARILYN LAZARUS 3-15-06 3057756478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #