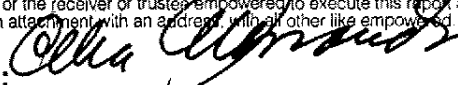


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # F79529 1. Entity Name LAZCAR INTERNATIONAL INC.			
Principal Place of Business 5003 SW 127 PL MIAMI, FL 33175		Mailing Address 5003 SW 127 PL MIAMI, FL 33175	
DO NOT WRITE IN THIS SPACE		01232007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-2182414 Applied For Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALESSANDRINI, CELIA 5003 SW 127TH PL MIAMI, FL 33175		DO NOT WRITE IN THIS SPACE	
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 _____ Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		000000615770 02/07/07-80001-014 150.00	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	SDP		
NAME	ALESSANDRINI, CELIA		
STREET ADDRESS	5003 S.W. 127 PLACE		
CITY - ST - ZIP	MIAMI, FL		
TITLE	TD		
NAME	ALESSANDRINI, JOSE A., JR		
STREET ADDRESS	5003 S.W. 127 PLACE		
CITY - ST - ZIP	MIAMI, FL		
TITLE	VP		
NAME	ALESSANDRINI, ALEJANDRO A		
STREET ADDRESS	5003 SW 127 PL		
CITY - ST - ZIP	MIAMI, FL 33175		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
12. I hereby certify that the information supplied with this form does not qualify for the exemptions contained 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 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: 		President 1/24/07 305-223-2162	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	