


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # K76214**  
 1. Entity Name  
**LAZARO-M.R. CORP.**



Principal Place of Business      Mailing Address  
**% ROLANDO V. GARCIA**      **% ROLANDO V. GARCIA**  
**BAY #4**      **7700 W OKEECHOBEE ROAD, BAY #4**  
**HIALEAH, FL 33016 US**      **HIALEAH, FL 33016 US**

**DO NOT WRITE IN THIS SPACE**



04132004 No Chg-P CR2E034 (10/03)

4. FEI Number      Applied For  
**65-0110892**      Not Applicable

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

6. Name and Address of Current Registered Agent  
**GARCIA, ROLANDO V.**  
**7700 W OKEECHOBEE RD.**  
**BAY #4**  
**HIALEAH GARDENS, FL 33016**

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

000000115192  
 04/16/04-80014-016 150.00

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GARCIA, ROLANDO V.
STREET ADDRESS	12120 S W 180 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	VTD
NAME	GARCIA, MARIA C.
STREET ADDRESS	12120 S W 180 ST
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*      4/15/2004 (305) 822-7639  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #