


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 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



03092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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 re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

U00000473553
 03/31/06-80020-022 150.00

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	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing 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 or 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: _____ 3-15-2006 (305) 822-71639

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Cayman Phone #