FOR PROFIT CORPORATION ANNUAL REPORT

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FILED

11 MAY 23 PM 2:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M38752

1. Entity Name

San Lazaro Fencing Supplies, Inc.

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CR2E034B (1/11)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7724 NW 64 Street	same
Suite, Apt. #, etc.	Suite, Apt #, etc.
City & State: Miami, FL.	City & State
Zip: 33166 Country: USA	Zip Country

4. FEI Number: 592716874 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: Diaz, Osvaldo J.

Street Address (P.O. Box Number is Not Acceptable): 550 Biltmore Way Ste. 209

City: Coral Gables, FL Zip Code: 33134

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: OJ 5/18/2011

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re instating) DATE

January 1 - May 1 Fee Is $150.00
After May 1, Fee Is $550.00
Amended AR Is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address: miami@sanlazarofence.net

E-mail address to be used for future annual report notice

10. OFFICERS AND DIRECTORS

TITLE	President/Director
NAME	Regalado Lazaro R.
STREET ADDRESS	7724 NW 64 Street
CITY-ST-ZIP	Miami FL. 33166
TITLE	Vice President Treasurer
NAME	Severing, Leon M
STREET ADDRESS	7724 NW 64 Street
CITY-ST-ZIP	Miami, FL. 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #