


FILED
Apr 22, 2005 08:00 AM
Secretary of State

DOCUMENT # M52149 1. Entity Name LASER MANAGEMENT SERVICES, INC.				Secretary of State	
Principal Place of Business 3218 NW NO. RIVER DR. MIAMI, FL 33142 US		Mailing Address 3218 NW NO. RIVER DR. MIAMI, FL 33142 US			
DO NOT WRITE IN THIS SPACE					
				04182005 No Chg-P CR2E034 (10/03)	
				4. FEI Number 59-2809341 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROLLE, LYNN 3218 NW NORTH RIVER DR MIAMI, FL 33142				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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				U000000323041 04/22/05-80036-018 150.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D BOSTWICK, SHIRLEY R. 3218 NW NO. RIVER DR. MIAMI, FL 33142		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		D CLEARE, IVAN D. 3218 NW NO. RIVER DR. MIAMI, FL 33142			
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP					
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:  IVAN CLEARE		4/18/05		305-633-4274	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	