2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M52149

1. Entity Name
LASER MANAGEMENT SERVICES, INC.

Principal Place of Business	Mailing Address
3218 NW NO. RIVER DR. MIAMI, FL 33142 US	3218 NW NO. RIVER DR. MIAMI, FL 33142 US

DO NOT WRITE IN THIS SPACE

08032006   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-2809341	Not Applicable

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

6. Name and Address of Current Registered Agent

ROLLE, LYNN
3218 NW NORTH RIVER DR
MIAMI, FL 33142

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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 $550.00
Due by September 6, 2006

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

U00000574629
08/17/06-80006-012 550.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	BOSTWICK, SHIRLEY R.
STREET ADDRESS	3218 NW NO. RIVER DR.
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	D
NAME	CLEARE, IVAN D.
STREET ADDRESS	3218 NW NO. RIVER DR.
CITY-ST-ZIP	MIAMI, FL 33142

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 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: _Cleare_____   8/2/06

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