
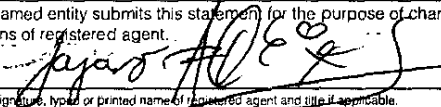



FILED  
Apr 30, 2004 8:00 am  
Secretary of State

04-30-2004 90242 009 \*\*\*150.00

2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P00000110866</b>			
1. Entity Name <b>LAZARO TRUCKING, INC.</b>			
Principal Place of Business <b>1047 SW 13TH COURT MIAMI, FL 33135</b>		Mailing Address <b>1047 SW 13TH COURT MIAMI, FL 33135</b>	
2. Principal Place of Business <b>8151 NW 186 TR</b>		3. Mailing Address <b>8151 NW 186 Terr</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>MIAMI GARDENS, FL</b>		City & State <b>MIAMI GARDENS, FL</b>	
Zip <b>33015</b> Country <b>USA</b>		Zip <b>33015</b> Country <b>USA</b>	
4. FEI Number <b>65-1062082</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CHANG, LAZARO 1047 SW 13TH COURT MIAMI, FL 33135</b>		7. Name and Address of New Registered Agent Name <b>Lazaro Chang</b> Street Address (P.O. Box Number is Not Acceptable) <b>8151 NW 186 Terr.</b> City <b>MIAMI GARDENS, FL</b> Zip Code <b>33015</b>	
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  <b>Lazaro Chang - President</b> <b>4/27/04</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D CHANG, LAZARO 1047 SW 13TH COURT MIAMI, FL 33135</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President Chang, Lazaro 8151 NW 186 Terr MIAMI GARDENS, FL 33015</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 life empowered.			
SIGNATURE:  <b>Lazaro Chang</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>4/27/04</b> <b>786-402-1620</b> Date Daytime Phone #	