

2004 FOR PROFIT CORPORATION ANNUAL REPORT

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Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90307 034 ***150.00

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04072004 Chg-P CR2E034 (10/03)

DOCUMENT # P01000048380
1. Entity Name
LASU INTERNATIONAL, INC.



Principal Place of Business
HALLANDALE LAUNDRY
HALLANDALE, FL 33009

Mailing Address
300 WEST HALLANDALE BEACH BLVD
HALLANDALE, FL 33009

2. Principal Place of Business
1700 Pierce Street
Suite, Apt. #, etc. #401

3. Mailing Address
1700 Pierce Street
Suite, Apt. #, etc. #401

City & State
Hollywood, FL

City & State
Hollywood, FL

Zip
33020

Country
U.S.A.

Zip
33020

Country
U.S.A.

6. Name and Address of Current Registered Agent
SUNE, JOSE A
1700 PIERCE ST #302
HOLLYWOOD, FL 33020

7. Name and Address of New Registered Agent
Name
Claudia Barona, Esq.
Street Address (P.O. Box Number is Not Acceptable)
9531 S.W. 6th Ct
City
Pembroke Pines FL Zip Code
33025

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 Claudia Y. Barona, Esq. DATE 4-20-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUNE, SILVIA LAURA 1700 PIERCE ST #302 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Sune, Silvia Laura 1700 Pierce Street #401 Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUNE, JOSE A 1700 PIERCE ST #302 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Sune, Jose A 1700 Pierce Street #401 Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SUNE, LAURA C 1700 PIERCE ST #302 HOLLYWOOD, FL 33020 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T.S.D Sune, Laura C. 1700 Pierce Street #401 Hollywood, FL 33020 <input checked="" type="checkbox"/> Change <input checked="" 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
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 like empowered.

SIGNATURE: Laura De Sune SECRETARY DATE 4-20-04 DAYTIME PHONE # 954-927-6336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR