


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90054 043 ***150.00

DOCUMENT # P01000066565	
1. Entity Name LAM & SONS, INC.	

Principal Place of Business 16280 SOUTH POST ROAD SUITE 203 WESTON, FL 33331	Mailing Address 16280 SOUTH POST ROAD SUITE 203 WESTON, FL 33331
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54029208



2. Principal Place of Business 169 E. FLAGLER STREET	3. Mailing Address 16280 SOUTH POST ROAD
Suite, Apt. #, etc. SUITE 1534	Suite, Apt. #, etc. SUITE 203
City & State MIAMI, FL	City & State WESTON, FL
Zip 33131	Country DADE
Zip 33331	Country BROWARD

03192004 Chg-P CR2E034 (10/03)

4. FEI Number 65-1118522	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent VEGA, ANTONIO DARIO 16260 SOUTH POST ROAD SUITE 103 WESTON, FL 33331
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7. Name and Address of New Registered Agent Name MARTINEZ, MONICA Street Address (P.O. Box Number is Not Acceptable) 16280 SOUTH POST ROAD, SUITE 203 City WESTON FL Zip Code 33331

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 *Monica Martinez* DATE **04/07/04**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, LUIS A 16280 SOUTH POST RD STE 203 WESTON, FL 33331 <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 like empowered.

SIGNATURE: *Luis A. Martinez* **LUIS A. MARTINEZ** DATE **04/07/04** (305) 960-1167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #