## 2005 FOR PROPIT CORPORATION ANNUAL REPORT

SIGNATURE:

## FILED May 02, 2005 08:00 AM Scaretary of State

		ILLI OILI	<del></del>	* Secretary of State
DOCUMENT # P02000010998  1. Entity Name LAZLO, INC.				
Principal Plac	se of Business	Mailing Address		
524 DATURA	A STREET	524 DATURA STREET		
	BEACH, FL 33401	WEST PALM BEACH, FL 3340	1	
#E51 1 31241	PENNINTE OUTOT	MEST CHEM DENOTE 3340	<b>3</b>	
				04292005 No Chg-P CR2E034 (10/03)
r	O NOT WOITE	IN THIS COA		01202005 110 Ong 1 Oracos (1000)
DO NOT WRITE IN THIS SPAC			JE 4. FEI Number Applied For	
				01-0551472 Not Applicable
				5 Corblinate of Status Degreed   \$8.75 Additional
			and the second of the second o	5. Certificate of Status Desired Fee Required
	6. Name and Address of Current Re	egistered Agent		<del></del>
			1	
VOCINO.	STEVEN A		ļ	DO NOT WOITE
524 DATURA STREET			SCHOOL STATE OF THE STATE OF TH	- DO NOT WRITE
WEST PALM BEACH, FL 33401			was a second	IN THIS COASE
			·	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  Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE				
<del> </del>	, a wa		17.	7 - 1 - 1
FILE NOW!!! FEE IS \$150.00  After May 1, 2005 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.				.00 May Be ed to Fees
10.	OFFICERS AND D	PECTÓDO .		
	P OFFICERS AND U	RECTORS	-	
TITLE	-			1
NAME	VOCINO, STEVEN			
STREET ADDRESS	524 DATURA STREET			!
CITY-ST-ZIP	WEST PALM BEACH, FL 33401			<del>_</del>
TITLE				U00000350743 05/02/05-80117-007 150.00
Name				05/02/05-80117-007 150 00
STREET ADDRESS				watte oo takeoo
City-St-Zip			1	
TITLE		<b>X</b> 2. Car	1	
NAME			l	
STREET ADDRESS				
CITY-ST-ZIP			1	DO NOT WRITE
71715		<u> </u>	1	•
TITLE			I	IN THIS SPACE
NAME				
STREET ADDRESS				
CITY-ST-ZIP		<u> </u>		
TITLE			1	
NAME			]	
STREET ADDRESS			I	
Caty-St-Zip		and the second	1	
IIILE			1	
NAME				
STREET ADDRESS			l	ļ
CITY-ST-ZIP				•
	wife that the left	la filla adapta and a selfe fill of		allow 440 OTIONO TO ARE OF THE STATE OF THE
12. I hereby certify that the information supplied with this filling 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 orthustee 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.				
of the cor	poration or the receiver or trustee empower	ered to execute this report as requir	ed by Chapter 607	, Florida Statutes; and that my name appears in Block 10 or Block 11 if
	or on an attachment withfan Settlice will	n all other like emocwered		

D NAME OF SIGNING OFFICER OR DIRECTOR