

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000030133

1. Entity Name  
ERRANDS & MORE, INC.



Principal Place of Business  
2719 DE SOTO DRIVE  
MIRAMAR, FL 33023

Mailing Address  
2719 DE SOTO DRIVE  
MIRAMAR, FL 33023



04292008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-3629004

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

LAMBERT, LEEZ M  
2719 DE SOTO DRIVE  
MIRAMAR, FL 33023

**DO NOT WRITE  
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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

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

000000940695

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME LAMBERT, LEEZ M  
STREET ADDRESS 2719 DE SOTO DRIVE  
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE V  
NAME LAMBERT, VICTOR M  
STREET ADDRESS 2719 DE SOTO DRIVE  
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE T  
NAME LAMBERT, VICTOR G  
STREET ADDRESS 2719 DE SOTO DRIVE  
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE S  
NAME LAMBERT, VICTOR M JR  
STREET ADDRESS 2719 DE SOTO DRIVE  
CITY-ST-ZIP MIRAMAR, FL 33023

TITLE GM  
NAME LASSO, LUIS V  
STREET ADDRESS 2719 DE SOTO DRIVE  
CITY-ST-ZIP MIRAMAR, FL 33023

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: \_\_\_\_\_

*Leez Lambert*

LEEZ LAMBERT

4-29-8

954 8657627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #