


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000076143</b> 1. Entity Name <b>LAZARO'S FLOORS OF FLORIDA, INC.</b>	
---	---

Principal Place of Business <b>300 NW 39 AVENUE MIAMI, FL 33126</b>	Mailing Address <b>300 NW 39 AVENUE MIAMI, FL 33126</b>
--	--

**DO NOT WRITE IN THIS SPACE**



05052004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>03-0473922</b>	Applied For Not Applicable
------------------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  <b>ILLESCAS, LUIS 300 NW 39 AVENUE MIAMI, FL 33126</b>
---

**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 <u><i>[Signature]</i></u> <small>Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
---	------------

<b>FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>000000100014</b> <b>05/18/04 00004 017 150.00</b>
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>D ILLESCAS, LUIS 300 NW 39 AVENUE MIAMI, FL 33126</b>
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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 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: <u><i>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u><b>5-13-04</b></u> <small>Day/line Phone #</small>
---	---