2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P02000116219

1. Entity Name LALO PRODUCTION, INC.



FILED
Mar 07, 2007 08:00 AM
Secretary of State

Principal Place of Business

ace of Business

8754 NW 107 TERR HIALEAH GARDENS, FL 33018 Mailing Address

8754 NW 107 TERR

HIALEAH GARDENS, FL 33018



03012007

No Chg-P

CR2E034 (11/05)

4. FEI Number 16-1636524 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

VAZQUEZ, EULALIO 8754 NW 107 TERR HIALEAH GARDENS, FL 33018

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				,	
	named entity submits this statement for the plans of registered agent.	urpose of changing its registere	d office or re	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and title is	applicable (NOTE: Registered	Agent signature	required when reinstaling)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRECTORS				
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	DP VAZQUEZ, EULALIO 8754 NW 107 TERR HIALEAH GARDENS, FL 33018		· ·;		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			,	,	U00000657721 03/15/07-80008-023 150.00
TITLE			-		

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12. Thereby 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:

STREET ADDRESS

CITY-ST-ZIP

NAME
SIREFI ADDRESS
CITY-ST-ZIP
TITLE
NAME
SIREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
SIREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NA

FFICER OR DIRECTOR

0 VAZQUEZ 3/1/07

305-389-764

Daytime Phone #