

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


05 SEP 16 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

50066926



08092005 Chg-P CR2E034 (10/03)

DOCUMENT # P03000017938					
1. Entity Name ILIE LAZAR, INC.					
Principal Place of Business 1801 S OCEAN DRIVE #841 HALLANDALE BEACH, FL 33009			Mailing Address 1801 S OCEAN DRIVE 841 HALLANDALE BEACH, FL 33009		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 32-5001414	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAZAR, ILIE 1801 S OCEAN DRIVE - #841 HALLANDALE BEACH, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAZAR, ILIE 1801 S OCEAN DRIVE #841 HALLANDALE BEACH, FL 33009	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600053793788 09/20/05--01058--014 **150.00	
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
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: <i>Ilie Lazar</i>			Date: 09/08/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		

ATTACHMENT

50066926

SCOTT H. LUTWAK, C.P.A.
Certified Public Accountant
1166 W. NEWPORT CENTER DRIVE - SUITE 114
DEERFIELD BEACH, FL 33442
(954) 426-4480

August 2, 2005

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Ilie Lazar, Inc.
P03000017938

To Whom It May Concern:

I am the tax accountant for the above referenced client. Please be advised that my client did not received neither the first UBR notice nor the second, and was unable to file online without the \$400 added to her account, even though the box was checked indicating failure to receive the form., Additionally, your website did not allow for the printing out of a blank form at this time.

Accordingly, I have advised my client to remit payment in the amount of \$150, for failure to receive the correct form on time.

Please do not hesitate to contact me should you have any questions.

Sincerely,



Scott H. Lutwak

SHL/gg