


2004 FOR PROFIT CORPORATION ANNUAL REPORT

04 NOV 23 AM 11:42
 APPROVED AND FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P03000087836
 1. Entity Name
LAZM ENTERPRISES, INC.



Principal Place of Business
 7010 SW 71ST ST.
 MIAMI, FL 33143

Mailing Address
 7010 SW 71ST ST.
 MIAMI, FL 33143

REINSTATEMENT 84



2. Principal Place of Business
7330 NW 8ST

3. Mailing Address
1521 Alton Rd. #

Suite, Apt. #, etc.
431

City & State
Miami Flo

City & State
Miami Beach, FL

Zip
33126

Country
USA

Zip
33139

Country
USA

4. FEI Number
80-0073097

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MIRABAL, LAZARO
7010 SW 71ST ST.
MIAMI, FL 33143

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 *Lazaro Mirabal* **LAZARO Mirabal** 11/17/04
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MIRABAL, LAZARO 7010 SW 71ST ST. MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700042954507 11/23/04--01023--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MIRABAL, VIRGINIA 7010 SW 71ST ST. MIAMI, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lazaro Mirabal* **LAZARO Mirabal** 11/17/04 **305 262-9986**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Usytme Phone #

P3 212



I have stated this

September

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1521 ALTC
#431
MIAMI BE

before!

I did not

SUBJECT
Ref. Numt

Account

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Notice

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