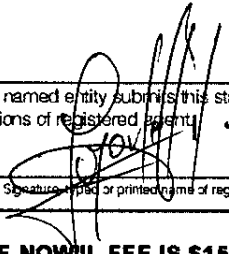
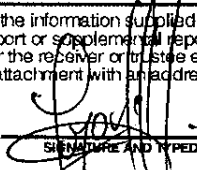


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-26-2004 90007 030 ***150.00

DOCUMENT # P03000101992 1. Entity Name LAZARTE'S CORPORATION					
Principal Place of Business 350 SW 15TH RD. #4 MIAMI, FL 33129			Mailing Address 350 SW 15TH RD. #4 MIAMI, FL 33129		
2. Principal Place of Business 6355 NW 36 St.			3. Mailing Address 6355 NW 36 St.		
Suite, Apt. #, etc. # 407			Suite, Apt. #, etc. # 407		
City & State VIRGINIA GARDENS			City & State VIRGINIA GARDENS		
Zip 33166		Country MIAMI DADE		Zip 33166	
Country MIAMI DADE		4. FEI Number 76-0741708			
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LAZARTE, EDGARDO A 350 SW 15TH RD. #4 MIAMI, FL 33129			7. Name and Address of New Registered Agent Name EDGARDO A. LAZARTE Street Address (P.O. Box Number is Not Acceptable) 350 SW 15 Rd. #9 City MIAMI FL Zip Code 33129		
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 acknowledge the obligations of registered agent.					
SIGNATURE 			EDGARDO A. LAZARTE 03/23/2004 (NOTE: Registered Agent signature required when reinstating)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			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	PTD LAZARTE, EDGARDO A 350 SW 15TH RD. #4 MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD LAZARTE, EDGARDO A 350 SW 15 Rd. #9 MIAMI, FL 33129	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FLOR, LILIANA N 350 SW 15TH RD. #4 MIAMI, FL 33129	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FLOR, LILIANA N 350 SW 15 Rd. #9 MIAMI, FL 33129	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Ad	☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Ad	☐ Change ☐ Ad
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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			EDGARDO A. LAZARTE 03/23/2004 (305) 871-2525 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT		