2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2004 8:00 am
Secretary of State
03-26-2004 90007 030 ***150.00

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1. Entity Name
LAZARTE'S CORPORATION

Principal Place of Business	Mailing Address
350 SW 15TH RD. #4 MIAMI, FL 33129	350 SW 15TH RD. #4 MIAMI, FL 33129

04022493

03232004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
6355 NW 36 St.		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 ☐ Applied F ☐ Not Applic

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 acc the obligations of registered agent.

SIGNATURE [signature] EDGARDO A. LAZARTE 03/23/2004
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Ad
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ 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 informati 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 direc 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: [signature] EDGARDO A. LAZARTE PRESIDENT 03/23/2004 (305)871-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #