

FILED
Aug 03, 2005 8:00 am
Secretary of State

06-20-2005 90002 005 ***150.00
08-03-2005 90062 003 ***400.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P03000135168			
1. Entity Name LASZLO BOLDIZSAR, INC.			
Principal Place of Business 2070 LINWOOD AVENUE SPRING HILL, FL 34608 US		Mailing Address 2070 LINWOOD AVENUE SPRING HILL, FL 34608 US	
2. Principal Place of Business LASZLO BOLDIZSAR, INC. Suite, Apt. #, etc. 2070 LINWOOD AVE City & State SPRING HILL, FL Zip 34608 Country HUNGARY		3. Mailing Address 2070 LINWOOD AVE Suite, Apt. #, etc. SPR City & State SPRING HILL FL Zip 34608 Country HUNGARY	
05202005 Chg-P CR2E034 (10/03)		4. FEI Number 20-0405060	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For Not Applicable	
6. Name and Address of Current Registered Agent MARGARET, HOMAN 7376 BROAD STREET BROOKSVILLE, FL 34601		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 <u>06/08/05</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE			
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P,VP LASZLO, BOLDIZSAR 2070 LINWOOD AVENUE SPRING HILL, FL 34608 <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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <u>06/08/05</u> Daytime Phone # <u>352-1279-0738</u>	

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