


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-11-2005 90118 034 ---150.00

FILED P03000138148

05 AUG -2 PM 2:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
20006301

DOCUMENT # P03000138148	
1. Entity Name LAZAR FINANCIAL SERVICES, INC.	
	
Principal Place of Business 1560 SAWGRASS CORPORATE PKWY., 4TH FLOOR SUNRISE, FL 33323	Mailing Address 1560 SAWGRASS CORPORATE PKWY., 4TH FLOOR 201 SUNRISE, FL 33323



07082005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 55-0853050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAZAR, JEFFREY 7880 N. UNIVERSITY DRIVE #201 TAMARAC, FL 33321	DO NOT WRITE IN THIS SPACE
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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: _____
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
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$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	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LAZAR, JEFFREY 1560 SAWGRASS CORPORATE PKWY., 4TH FLOOR SUNRISE, FL 33323
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**DO NOT WRITE
IN THIS SPACE**

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: *Jeffrey Lazar*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/05 954-331-7878
Date Daytime Phone #

M. Williams AUG 2 2005