2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Feb 09, 2005 8:00 am Secretary of State 02-09-2005 90054 015 ***150.00

Principal Place of Business 2518 1911 STREET 2518 April 1912 2 Principal Place of Business 3. Mailing Address of Portal Investigation of Por	DOCUMENT # P03000147 1. Entity Name LAZARO ONTIVEROS CARPENTER					02-09-2005	90054 015 ***15	50.00
Sulle, Apt. #, etc. Sulle, Apt. #, etc. Suite City & Solite City & So	2618 19TH STREET	2618 19TH STREET	'				. 1047%	tna
City & State Ci	Principal Place of Business	3. Mailing Address						
Zip Country S. Certificate of Status Desired St. 75 Additional St. 75 Additi	Suite, Apt. #, etc.	Suite, Apt. #, etc.			01242005	Chg-P	CR2E034 (10/03)	
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STREET ADDRESS COTY-ST-2P TITLE LANGERS CONT-ST-2P TITLE LANGERS CON	6. Name and Address of Current	Registered Agent		7	. Name and A	ddress of New R	egistered Agent	
Sireer Address (P. O. Box Number is Not Acceptable) Sireer Address (P. O. Box Number is Not Acceptable) Sireer 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 agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, trood or printed agent and 10% 7 seckable. FILE NOWITH-FEE: IS.\$150.00 After May 1, 2005 Fee will be \$\$550.00 TOTAL Fluid Contribution. STREE NOWES. SIREE N			Name					
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature: Sprake, injected agent and risk / acceleance. (MOTE registered agent agent are registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. FILE:NOWIII-FEE:15.5150.00 After May 1, 2005 Fee with the \$550.00 Trust Fund Contribution. S5.00 May Be Arter May 1, 2005 Fee with the \$550.00 Trust Fund Contribution. Addition Additi	2618 19TH STREET		Street A	address (P.C). Box Number	is Not Acceptable	·)	
SIGNATURE Strakes, typed or printed name of requisities appear and lithell accidedable. NOTE: Registered Agent separative required when nerstaturing) DATE			City				FL Zip Code	•
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After May 1, 2005 Fee will be \$550.00	Signature, typed or printed name of registered agen	t and titlu if applicable. (NOTE:	: Registered Agent signa	ture required who	en reinstating)		DATE	
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	TITLE NAME STREET ADDRESS		name Street address				☐ Change	Addition

Indicated on this report or supplied with this tiling does not qualify by the exception state in Jesus 11-18-07-31(f). Holdes statutes. Find the certay that the mornator indicated on this report or suppliemental 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.

941-3513636



Letter Number: 605A00004686

FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

January 24, 2005

LAZARO ONTIVEROS CARPENTER-TRIM, INC. 4623 TRI-PAR DR. #113 BRADENTON, FL 34234

SUBJECT: LAZARO ONTIVEROS CARPENTER-TRIM, INC.

Ref. Number: P03000147503

We have received your document for LAZARO ONTIVEROS CARPENTER-TRIM, INC. and check(s) totaling \$150.00. However, your check(s) and document are being returned for the following:

Although you attempted to download an annual report form, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Sean Toner Senior Section Administrator



ATTACHMENT SOULD TO GO Division of Corporations Page

Annual Report

Document Number

P03000147503

Business Entity Name

LAZARO ONTIVEROS CARPENTER-TRIM, INC.

FEI Number	61-1464774
FEI Number Status	© Applied For © Not Applicable © Current
Certificate of Status Desired	O Yes No \$8.75 each
Election Campaign Financing Ti	·
Contribution	O TES W NO
Principa	al Place of Business
	623 TRI-PAR DR # 113
Suite, Apt. #, etc.	
City, State	BRADENTON , FL
Zip Code & Country	34234
	ailing Address
Address	623 TRI-PAR DR. # 113
Suite, Apt. #, etc.	
City, State	RADENTON , FL
Zip Code & Country	34234
37 4 1 4 3	
	dress of Registered Agent
Name (Last, First, Middle, Title	ONTIVEROS ,LAZARO ,, ,,
-or- RA Business Name	
Address	4623 TRI-PAR DR. # 113
Suite, Apt. #, etc.	
City, State	BRADENTON , FL
Zip Code & Country	34234 US
If there is a change in registered	agent, the new agent will need to type their name

ATTACHMENT PUBLOCULARIES

in the 'Registered Agent Signature' block below to accept the designation of registered agent. RA signature must be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Lazaro Onficeros /Zaminez

This signature must be that of the individual "signing" this document electronically or be made with the full knowledge and permission of the individual, otherwise it constitutes **forgery** under s.831.06, Florida Statutes.

Officer/Director Name And Address

Title	PRES
Name (Last, First, Middle, Title)	ONTIVEROS ,LAZARO ,, ,
-or- Entity Name	
Street Address	4623 TRI PAR DR # 113
City, State	SARASOTA , FL
Zip Code & Country	34234
Title	DIRE
Name (Last, First, Middle, Title)	LUNA ,ALFONSO ,, ,
-or- Entity Name	
Street Address	4623 TRI-PAR # 113
City, State	TSARASOTA, FL
Zip Code & Country	34234
Title	DIRE
Name (Last, First, Middle, Title)	RAMIREZ ,OLIVIA ,V ,
-or- Entity Name	
Street Address	4623 TRI PAR # 113
City, State	SARASOTA, FL
Zip Code & Country	34234
Title	DIRE
Name (Last, First, Middle, Title)	LUNA ,LAZARO ,, ,
-or- Entity Name	

Division of Corporations	ATTACHMENT	Page 3 of 3
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City, State	12/11/14/14/1	00,0
Zip Code & Country	34234	
Title		
Name (Last, First, Middle, Title)	, , , , , , , , , , , , , , , , , , ,	
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Name (Last, First, Middle, Title)		
-or- Entity Name		·
Street Address		
City, State		
Zip Code & Country		
	XIPQES'IDENT.	
This signature must be the document electronically or be permission of the individua under s.831.06, Florida Stat	at of the individual "signing" this e made with the full knowledge and al, otherwise it constitutes forgery tutes. The individual "signing" this the facts stated herein are true.	
Со	ntinue Reset	
	Start Over	

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