


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2005 8:00 am
Secretary of State

02-09-2005 90054 015 ***150.00

DOCUMENT # P03000147503

1. Entity Name
 LAZARO ONTIVEROS CARPENTER-TRIM, INC.



Principal Place of Business Mailing Address
 2618 19TH STREET 2618 19TH STREET
 SARASOTA, FL 34234 SARASOTA, FL 34234

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

6. Name and Address of Current Registered Agent

ONTIVEROS, LAZARO
 2618 19TH STREET
 SARASOTA, FL 34234

01242005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 611964774 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! - FEE IS \$150.00
After May 1, 2005 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	President Lazaro ontiveros Ramirez 4623 Tri Par DR. APT #113 Sarasota FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Lazaro ontiveros Ramirez 4623 Tri par DR. APT #113 Sarasota FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Luna Alfonso 4623 Tri par DR APT #113 Sarasota FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Ramirez Olivia 4623 Tri par DR APT #113 Sarasota FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Luna Lazaro 4623 Tri par DR APT #113 Sarasota FL 34234	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Lazaro Ontiveros Ramirez 02-09-05 941-3513636

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

50012786



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

Letter Number: 605A00004686



Division of Corporations

ATTACHMENT
50012786

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

Yes No \$8.75 each

Election Campaign Financing Trust Fund Contribution

Yes No

Principal Place of Business

Address

Suite, Apt. #, etc.

City, State ,

Zip Code & Country

Mailing Address

Address

Suite, Apt. #, etc.

City, State ,

Zip Code & Country

Name And Address of Registered Agent

Name (Last, First, Middle, Title) , , ,

-or- RA Business Name

Address

Suite, Apt. #, etc.

City, State ,

Zip Code & Country

If there is a change in registered agent, the new agent will need to type their name

ATTACHMENT 903000142502
57012784

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.

X
Registered Agent Signature LAZARO Ontiveros Ramirez

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 SARASOTA 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

ATTACHMENT
POB000147503

Street Address

4623 TRI-PAR # 113

City, State

SARASOTA, FL

50012786

Zip Code & Country

34234

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

Title

Name (Last, First, Middle, Title)

-or- Entity Name

Street Address

City, State

Zip Code & Country

An individual named above or an individual signing on behalf of an entity named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title

X PRESIDENT.

Officer/Director Signature

LAZARO OJIVEROS RAMIREZ

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. The individual "signing" this document affirms that the facts stated herein are true.

Continue

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Start Over