## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000147503

Entity Name: LAZARO ONTIVEROS CARPENTER-TRIM. INC.

FILED May 10, 2006 Secretary of State

analy name: 2/2/4(3 SIVIIVERSS S/4(1 EIVIER TRIM, IIVS.							
Current Principal Place of Business:				New Principal Place of Business:			
2618 19TH STREET SARASOTA, FL 34234				2911 51ST AVENUE TERRACE BRADENTON, FL 34207			
Current Mailing Address:				New Mailing Address:			
2618 19TH STREET SARASOTA, FL 34234				2911 51ST AVENUE TERRACE BRADENTON, FL 34207			
FEI Number:	61-1964774	FEI Number Applied For ( )	FEI Nun	nber Not Appl	icable()	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:							
ONTIVEROS, LAZARO 2618 19TH STREET SARASOTA, FL 34234 US				PADGETT BUSINESS SERVICES 5540 BEE RIDGE RD. SARASOTA, FL 34233 US			
The above in the State		ubmits this statement for the p	urpose o	f changing it	ts registered o	office or registered agent, or both,	
SIGNATURE: ROBERT MELO					05/10/2006		
Electronic Signature of Registered Agent				Date			
		(2)(b), F.S., the corporation did not	t receive t	he prior notic	e.		
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P/S ( ) I RAMIREZ, LAZZ 4623 TRI PAR D SARASOTA, FL	R APT 113		Title: Name: Address: City-St-Zip:	RAMIREZ, LAZ	ENUE TERRACE	
Title: Name: Address: City-St-Zip:	D () I ALFONSO, LUNA 4623 TRI PAR D SARASOTA, FL	RIVE APT 113		Title: Name: Address: City-St-Zip:		) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ()  RAMIREZ, OLIVI 4623 TRI PAR D SARASOTA, FL	R APT 113		Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	
Title: Name: Address: City-St-Zip:	D ()  LAZARO, LUNA 4623 TRI PAR D SARASOTA, FL			Title: Name: Address: City-St-Zip:	( )	) Change ()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO ONTIVEROS RAMIREZ P 05/10/2006