2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008064

Entity Name: GARY D. LAZORE, INC.

FILED Apr 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5464 NE 5TH AVE 5464 NE 5TH AVE

FT LAUDERDALE, FL 33334 OAKLAND PARK, FL 33334

Current Mailing Address: New Mailing Address:

5464 NE 5TH AVE 5464 NE 5TH AVE

FT LAUDERDALE, FL 33334 OAKLAND PARK, FL 33334

FEI Number: 20-0645324 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LAZORE, GARY D
5464 NE 5 AVENUE
4TH FLOOR
5464 NE 5 AVENUE
OAKLAND PARK, FL 33334 US

4TH FLOOR OAKLAND PARK, FL 333 FORT LAUDERDALE, FL 33334 US

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.

SIGNATURE: 04/05/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD () Delete Title: PSTD (X) Change () Addition

 Name:
 LAZORE, GARY D
 Name:
 LAZORE, GARY D

 Address:
 5464 NE 5TH AVE
 Address:
 5464 NE 5TH AVE

City-St-Zip: FT LAUDERDALE, FL 33334 City-St-Zip: OAKLAND PARK, FL 33334

I hereby certify that the information supplied with this filing does not qualify 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: GARY D. LAZORE PSTD 04/05/2009