2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P04000017976

1. Entity Name
LAZARUS PAINTING INC.

Principal Place of Business	Mailing Address
9921 CARIBBEAN BLVD. MIAMI, FL 33189	9921 CARIBBEAN BLVD. MIAMI, FL 33189

DO NOT WRITE IN THIS SPACE

05212007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
37-1484106	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAZARUS, MAURICE
9921 CARIBBEAN BLVD
MIAMI
MIAMI, FL 33189

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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 $550.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAZARUS, MAURICE G
STREET ADDRESS	9921 CARIBBEAN BLVD.
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	V
NAME	LAZARUS, SHARON V
STREET ADDRESS	9921 CARIBBEAN BLVD.
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000765290
05/31/07-80034-012 550.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Sharon V. Lazarus_   Sharon Lazarus   5-21-07   305254 4530

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