

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2005 8:00 am**  
**Secretary of State**

07-14-2005 90081 032 \*\*\*150.00

**DOCUMENT # P04000089851**

1. Entity Name  
**LOIS LAZZOPINA, P.A.**



Principal Place of Business Mailing Address  
**3212 RIDGE TRACE 3212 RIDGE TRACE**  
**FORT LAUDERDALE, FL 33328 US FORT LAUDERDALE, FL 33328 US**

**20063819**



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number  
**20-1233781**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LAZZOPINA, LOIS**  
**3212 RIDGE TRACE**  
**FORT LAUDERDALE, FL 33328**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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 D ☐ Delete  
NAME **LAZZOPINA, LOIS**  
STREET ADDRESS **3212 RIDGE TRACE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33328**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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CITY-ST-ZIP

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:

*Lois Lazzopina P.A. / Lois Lazzopina* 7/10/05 994)476  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 1234

**ATTACHMENT**  
*20063819*  
**LOIS LAZZOPINA, P.A.**  
**3212 RIDGE TRACE**  
**FORT LAUDERDALE, FL. 33328**

June 30<sup>th</sup>, 2005

Division of Corporations  
Annual Report Section  
P.O. Box 6327  
Tallahassee, FL 32314

REF: Lois Lazzopina, P.A.  
Document#: P04000089851

Dear Sir or Madam:

Please be advised that the above-mentioned corporation annual report was never received for timely submission.

Therefore, we are requesting that the delinquent fees be waived and that the corporation is allowed to submit a second annual report with the corresponding fee of \$ 150.00

Please advise.

Your cooperation is appreciated.

Sincerely,

*Lois Lazzopina*  
Lois Lazzopina

LL/fz