




# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 17, 2005 8:00 am**  
**Secretary of State**

05-17-2005 90011 033 \*\*\*150.00

<b>DOCUMENT # P04000099460</b> 1. Entity Name <b>LWAZO, PA</b>					
Principal Place of Business <b>625 OLIVE TREE CIRCLE GREENACRES, FL 33413</b>			Mailing Address <b>625 OLIVE TREE CIRCLE GREENACRES, FL 33413</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		05092005    Chg-P    CR2E034 (10/03)    4. FEI Number <div style="font-size: 1.2em; font-weight: bold;">27-0097454</div> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State			
Zip	Country	Zip	Country		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>LOISEAU, HARVEY A MR. 625 OLIVE TREE CIRCLE GREENACRES, FL 33413</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>LOISEAU, HARVEY A</b> <b>625 OLIVE TREE CIRCLE</b> <b>GREENACRES, FL 33413</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LOISEAU, HARVEY A</b> <b>625 OLIVE TREE CIRCLE</b> <b>GREENACRES, FL 33413</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>LOISEAU, HARVEY A</b> <b>625 OLIVE TREE CIRCLE</b> <b>GREENACRES, FL 33413</b> <input type="checkbox"/> Delete	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		
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		
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: 		<b>HARVEY A LOISEAU</b>		<b>05-07-2005 561 3197163</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

attachment  
40084168  
P04000099460

JAMES J. DONOVAN, C.P.A. P.A.  
3830 JOG ROAD  
LAKE WORTH, FL 33467  
PHONE: (561) 641-9550 FAX: (561) 641-4781

May 9, 2005

CERTIFIED RETURN  
RECEIPT REQUESTED

7003 2260 0002 543 0706

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
POST OFFICE BOX 6327  
TALLAHASSEE, FL 32314

RE:

2005 UNIFORM BUSINESS REPORT  
DOCUMENT#: P04000099460  
FEI#: 27-0097454

DEAR SIR/MADAM:

PLEASE BE ADVISED OF THE FOLLOWING FACTS AND CIRCUMSTANCES  
REGARDING THE LATE FILING OF THE ABOVE FORM.

THE TAXPAYER DID NOT RECEIVE POSTCARD PERTAINING TO THE UNIFORM  
BUSINESS REPORT AND HAD NO KNOWLEDGE OF THE FILING REQUIREMENTS.  
THEREFORE WE BELIEVE REASONABLE CAUSE EXISTS FOR YOU WAIVING THE  
ASSESSED PENALTY.

WE HAVE ENCLOSED THE 2005 UNIFORM BUSINESS REPORT OBTAINED FROM  
YOUR WEBSITE ALONG WITH A CHECK FOR \$150.00 FOR THE FILING FEE.

IF YOU HAVE ANY QUESTIONS, PLEASE GIVE US A CALL.

SINCERELY,

  
JAMES DONOVAN, CPA

  
HARVEY A. LOIZEAU, PRES