May 26 2006 11:00AM HP LASERJET FAX

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Aug 03, 2006 8:00 am
Secretary of State
08-03-2006 90003 045 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

J0024056

DOCUMENT # P04000099460

1. Entity Name
LWAZO, PA

Principal Place of Business	Mailing Address
625 OLIVE TREE CIRCLE GREENACRES, FL 33413	625 OLIVE TREE CIRCLE GREENACRES, FL 33413

05262006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
4045 N.W. 16th Street	4045 N.W. 16th Street
Suite, Apt. #, etc. 304	Suite, Apt. #, etc. 304
City & State Lauderhill - Florida	City & State Lauderhill - Florida
Zip 33313 Country Broward	Zip 33313 Country Broward

4. FEI Number 20-0297454 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
LOISEAU, HARVEY A MR.
625 OLIVE TREE CIRCLE
GREENACRES, FL 33413

7. Name and Address of New Registered Agent
Name Loiseau, Harvey A. Mr.
Street Address (P.O. Box Number is Not Acceptable) 4045 N.W. 16th Street # 304
City Lauderhill FL Zip Code 33313

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 $150.00
Due by September 8, 2006

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

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	P LOISEAU, HARVEY A 625 OLIVE TREE CIRCLE GREENACRES, FL 33413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOISEAU, HARVEY A 625 OLIVE TREE CIRCLE GREENACRES, FL 33413	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: [signature] 08-01-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #