


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90447 013 \*\*\*150.00

<b>DOCUMENT # P05000037923</b> 1. Entity Name <b>RENE LEZCARLO, INC</b>		
Principal Place of Business <b>5265 CEDARLAKE ROAD APT. #626 BOYNTON BEACH, FL 33437</b>		Mailing Address <b>5265 CEDARLAKE ROAD APT. #626 BOYNTON BEACH, FL 33437</b>
2. Principal Place of Business <b>9110 Arpege Pl</b> Suite, Apt. #, etc.	3. Mailing Address <b>9110 Arpege Pl</b> Suite, Apt. #, etc.	
City & State <b>Lake Worth FL</b> Zip <b>33467</b> Country <b>US</b>	City & State <b>Lake Worth, FL</b> Zip <b>33467</b> Country	
4. FEI Number <b>20-2578918</b> Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>		
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		
6. Name and Address of Current Registered Agent <b>LEZCARLO, RENE 5265 CEDARLAKE ROAD APT. 626 BOYNTON BEACH, FL 33437</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 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>P LEZCARLO, RENE 5265 CEDARLAKE ROAD, APT.#626 BOYNTON BEACH, FL 33437</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <b>LEZCARLO, RENE 9110 Arpege Pl Lake Worth, FL 33467</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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.		
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		<b>04/17/06 (561) 239-5357</b> Date Daytime Phone #

**50015050**



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