2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

Principal Place of Business - No P.O. Box # 3. Mailing Address	DOCUMENT # P05 1. Entity Name LAZARO BORROTO PA	000065846		
Suite, Apt. # etc. Suite, Apt. # etc.	Principal Place of Business 12725 NW 8 LANE MIAMI, FL 33182 US	12725 NW 8 LANE	US	
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Zip Country 7/p Country 5. Confidence (Status Desired \$3.75 Additional Fee Required \$3.75	Suite, Apt. #, etc.	Suite, Apt. #. etc.		02202008 Chg-P CR2E034 (12/06)
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 3ORROTO, LAZARO 12725 NW 8 LANE MIAMI, FL 33182 City FL City	City & State	City & State		
AGRICOTO, LAZARO IZ725 NW 8 LANE MIAMI, FL 33182 City FL Zip Code	Zip Country	Zip	Country	
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	6. Name and Addres	s of Current Registered Agent	Name	7. Name and Address of New Registered Agent
The above named entity submits this statement for the purpose of bufforfor its reflectored diffice or registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. IGNATURE Signature, broad or primed rame of my ashed agent and title / aged of the control of the companion of registered agent. IGNATURE Signature, broad or primed rame of my ashed agent and title / aged of the control of the companion of registered agent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. IGNATURE Signature, broad or primed rame of my ashed agent and title / aged of the control of the companion of registered agent. IGNATURE Signature, broad or primed rame of my ashed agent and title / aged of the control of the companion of registered agent. IGNATURE Signature, broad or primed rame of my ashed agent and title / aged of the control of the companion of registered agent. IGNATURE Signature, broad or primed rame of my ashed agent and title / aged of the control of the companion of registered agent. IGNATURE Signature, broad or primed rame of my ashed agent and title / aged of the control of the companion of registered agent. In the Added to Fees Added or Fees	2725 NW 8 LANE	ρ		
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THEET ADDRESS TY-SI-ZIP 2. I hereby certify that the information supplies with this filter boes 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 use 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 truster on the power of the exemptions of the corporation or the receiver or truster on the power of the execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an active six with all other like empowered.	NME PREET ADDRESS	, □ Detete	NAME STREET ADDRESS	☐ Change ☐ Addition
indicated on this report or supplemental report if 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 trusted on the powerful to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address withyall other like empowered.	AME TREET ADDRESS	. Detele	NAME STREET ADDRESS	☐ Change ☐ Addition
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