
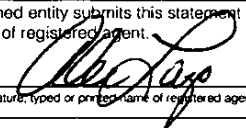
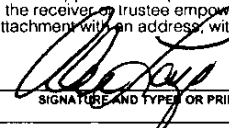


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State

03-31-2008 90029 029 ***150.00

DOCUMENT # P05000154677 1. Entity Name ALEC LAZO ENTERPRISES INC					
Principal Place of Business 31 MAPLEWOOD CT BOYNTON BEACH, FL 33426 US			Mailing Address 31 MAPLEWOOD CT BOYNTON BEACH, FL 33426 US		
2. Principal Place of Business - No P.O. Box # 211 Royal Poinciana Way Suite, Apt. #, etc.		3. Mailing Address 211 Royal Poinciana Way Suite, Apt. #, etc.			
City & State Palm Beach, FL Zip 33480		City & State Palm Beach, FL Zip 33480		4. FEI Number 65-0989449	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JOHN P 2499 GLADES RD SUITE 305A BOCA RATON, FL 33431			7. Name and Address of New Registered Agent Name ALEC LAZO Street Address (P.O. Box Numbers Not Acceptable) 211 Royal Poinciana Way City Palm Beach FL Zip Code 33480		
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  DATE 3/28/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PD LAZO, ALEC 31 MAPLEWOOD CT BOYNTON BEACH, FL 33426		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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	
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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 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: 			3/28/08 (861) 832-2141 Date Daytime Phone #		