

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90026 017 \*\*\*150.00

<b>DOCUMENT # P05000162463</b>					
<b>1. Entity Name</b> LAZIO ENTERPRISES, INC.					
<b>Principal Place of Business</b> 5304 WEST IRLO BRONSON MEMORIAL HWY # 102B KISSIMMEE, FL 34746			<b>Mailing Address</b> 5304 WEST IRLO BRONSON MEMORIAL HWY # 102B KISSIMMEE, FL 34746		
<b>2. Principal Place of Business - No P.O. Box #</b> Suite, Apt. #, etc.		<b>3. Mailing Address</b> <i>5362 Dorrington Ln</i> Suite, Apt. #, etc.			
<b>City &amp; State</b> City: <i>Orlando</i> State: <i>FL</i>		<b>4. FEI Number</b> <i>20-3971010</i>		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>Zip</b> <i>32821</i>		<b>Country</b> <i>US</i>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> KHALADI, LAZHAR 5304 WEST IRLO BRONSON MEMORIAL HWY # 102B KISSIMMEE, FL 34746			<b>7. Name and Address of New Registered Agent</b> Name: _____ Street Address (P.O. Box Number is Not Acceptable): <i>5362 Dorrington Ln</i> City: <i>Orlando</i> State: <i>FL</i> Zip Code: <i>32821</i>		
<b>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.</b> SIGNATURE: <i>[Signature]</i> (NOTE: Registered Agent signature required when reinstating) DATE: <i>04-09-07</i>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE: P NAME: KHALADI, LAZHAR STREET ADDRESS: EST IRLO BRONSON MEMORIAL HWY, # 102 CITY-ST-ZIP: KISSIMMEE, FL 34746	<input type="checkbox"/> Delete		TITLE: <i>PVPST</i> NAME: _____ STREET ADDRESS: <i>5362 Dorrington Ln</i> CITY-ST-ZIP: <i>Orlando FL 32821-7621</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: VP NAME: KHALADI, LAZHAR STREET ADDRESS: 5304 WEST IRLO BRONSON MEMORIAL HWY, # 102 CITY-ST-ZIP: KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: SEC NAME: KHALADI, LAZHAR STREET ADDRESS: 5304 WEST IRLO BRONSON MEMORIAL HWY, # 102 CITY-ST-ZIP: KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Delete		TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: TRE NAME: KHALADI, LAZHAR STREET ADDRESS: 5304 WEST IRLO BRONSON MEMORIAL HWY, # 102 CITY-ST-ZIP: KISSIMMEE, FL 34746	<input checked="" 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	
<b>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>					
<b>SIGNATURE:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <i>04-09-07</i> Daytime Phone #: _____		

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