

Florida Department

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-12-2007 90040 017 ***150.00

DOCUMENT # P06000100664
1. Entity Name
LAZARO BARBER SHOP, INC.



Principal Place of Business
1040 S MILITARY TRAIL
WEST PALM BEACH, FL 33415
Mailing Address
1040 S MILITARY TRAIL
WEST PALM BEACH, FL 33415

4005841U



2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

03212007 Chg-P CR2E034 (12/06)

3. Mailing Address
Suite, Apt. #, etc.

4. FEI Number
20-5499115
Applied For
Not Applicable

City & State
Zip
Country

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

6. Name and Address of Current Registered Agent
SABATELA, IRMA
1040 S MILITARY TRAIL
WEST PALM BEACH, FL 33415

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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
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
After May 1, 2007 Fee will be \$550.00

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

Table with 7 rows and 2 columns for Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, and a Delete checkbox.

Table with 7 rows and 2 columns for Additions/Changes to Officers and Directors. Includes fields for Title, Name, Street Address, City-ST-ZIP, Change, and Addition checkboxes.

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: [Handwritten Signature] IRMA SABATELA 3/22/07 561-649-8199