FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000102951

1. Entity Name
San Lazaro Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #
7724 NW 64 St.

Suite, Apt. #, etc.

3. Mailing Address
same

Suite. Apt. #, etc.

CR2E034B (1/11)

City & State
Miami, FL.

Zip 33166   **Country** USA

City & State

Zip   **Country**

4. FEI Number 205350887   Applied For / Not Applicable

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Diaz, Osvaldo J.

Street Address (P.O. Box Number is Not Acceptable) 550 Biltmore Way Ste. 209

City Coral Gables   **FL**   **Zip Code** 33134

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 OJ
Signature, type or printed name of registered agent and title if applicable.   (NOTE. Registered Agent signature required when re-instating)
5/18/2011
DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended AR is $61.25
Make Check Payable to Florida Department of State

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

E-mail Address:

E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	President Director
NAME	Lazaro Regaldo
STREET ADDRESS	7724 NW 64 Street
CITY-ST-ZIP	Miami FL. 33166
TITLE	Vice president Treasurer
NAME	Severina Leon
STREET ADDRESS	7724 NW 64 Street
CITY-ST-ZIP	Miami, FL. 33166

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered, I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   DATE   Daytime Phone #