


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90007 007 ***163.75

DOCUMENT # P06000149896					
1. Entity Name LACHI'S CONSTRUCTION CO. ROOFING DIVISION					
Principal Place of Business 7317 NW 8TH STREET MIAMI, FL 33126			Mailing Address 7317 NW 8TH STREET MIAMI, FL 33126		
2. Principal Place of Business - No P.O. Box # 7100 N.W. 72ND AVE.		3. Mailing Address 7100 N.W. 72ND AVE.			
Suite, Apt. #, etc. MIAMI, FL.		Suite, Apt. #, etc. MIAMI, FL.			
City & State		City & State			
Zip 33166	Country DADE	Zip 33166	Country DADE		
6. Name and Address of Current Registered Agent FERNANDEZ, LAZARO 7317 NW 8TH STREET MIAMI, FL 33126			7. Name and Address of New Registered Agent Name FERNANDEZ, LAZARO Street Address (P.O. Box Number is Not Acceptable) 7100 N.W. 72ND AVE. City MIAMI FL Zip Code 33166		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FERNANDEZ, LAZARO 7317 NW 8TH STREET MIAMI, FL 33126 <input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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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"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LAZARO FERNANDEZ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7100 N.W. 72 ND AVE. MIAMI- FL. 33166				
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"/> Change <input type="checkbox"/> Addition				
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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: <u>LAZARO FERNANDEZ</u> 20 FEB 07 (305) 805-9011 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					