

2008 FOR PROFIT CORPORATION ANNUAL REPORT

05-05-2008 90250 034 150.00

P07000100494

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 JUN 23 AM 11:35

DOCUMENT # P07000100494

1. Entity Name
LASSI ENTERPRISES, INC.



Principal Place of Business
4855 1ST AVENUE SOUTH
ST. PETERSBURG, FL 33711

Mailing Address
4855 1ST AVENUE SOUTH
ST. PETERSBURG, FL 33711

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04232008

Chg-P

CR2E034 (12/06)

4. EEI Number

26-0892148

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ANGUS, ROBERT W
1362 HAVENDALE BOULEVARD NW
WINTER HAVEN, FL 33881-1386

7. Name and Address of New Registered Agent

Name
AZIZ A. LASSI

Street Address (P.O. Box Number is Not Acceptable)

578 CODY CALEB DRIVE

City
WINTER HAVEN

FL

Zip Code
33884

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

AZIZ A. LASSI

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

05-01-08

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
D LASSI, AZIZ A
STREET ADDRESS
578 CODY CALEB DRIVE
CITY- ST- ZIP
WINTER HAVEN, FL 33884

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

☐ Change ☐ Addition

B. C/23/08

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:

AZIZ A. LASSI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

05-01-08

Daytime Phone #