


**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # P10000086274
1. Entity Name Lazaro Fencing Supplies, Inc.



FILED
11 MAY 23 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

MIAMI, FL. City & State

Zip 33166 Country VSA

4. FEI Number none Applied For Not Applicable

5. 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 Numbers Not Acceptable) 550 Biltmore Way Ste. 209

City Coral Gables FL Zip 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 of DATE 5/18/2011

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 Added to Fees

E-mail Address: miami@sanlazarofence.net
E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE	<u>President/Director</u>
NAME	<u>Lazaro Regalado</u>
STREET ADDRESS	<u>7724 NW 64 Street</u>
CITY-ST-ZIP	<u>Miami, FL 33166</u>
TITLE	<u>Vice President/Treasurer</u>
NAME	<u>Severina Leon</u>
STREET ADDRESS	<u>7724 NW 64 Street</u>
CITY-ST-ZIP	<u>Miami, FL 33166</u>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

500207325125
05/08/11 --01041--015--**150:00

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] DATE _____ Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/13/11