

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only

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DOCUMENT # **P10000087520**

1. Entity Name

Lazaro Fencing, Inc.



FILED

11 MAY 23 PM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Mailing Address
same

CR2E034B (1/11)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, FL.

City & State

4. FEI Number
none

Applied For
Not Applicable

Zip
33166

Country
USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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7. Name and Address of Current Registered Agent

Name
Diaz, Osvaldo J.

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

OK

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

(NOTE: Registered Agent signature required when re-instating)

DATE

5/18/2011

January 1 - May 1, Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.28

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:

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

10. OFFICERS AND DIRECTORS

TITLE	President/Director
NAME	Lazaro Regalado
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

800207327258
05/06/11==01045--024==**150.00

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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/23/11