


2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2007 90007 008 ***163.75

DOCUMENT # P93000034324 1. Entity Name LACHI'S CONSTRUCTION DEVELOPMENT CORPORATION																													
Principal Place of Business 7403 N.W. 7TH STREET MIAMI, FL 33126			Mailing Address P.O. BOX 260035 MIAMI, FL 33126-0002																										
2. Principal Place of Business - No P.O. Box # 7100 N.W. 72ND AVE.		3. Mailing Address Suite, Apt. #, etc. MIAMI, FL.																											
City & State MIAMI, FL.		City & State MIAMI, FL.		4. FEI Number 65-0498325																									
Zip 33166		Country DADE		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent FERNANDEZ, LAZARO 7403 N.W. 7TH 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. MIAMI. 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ 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 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">P FERNANDEZ, LAZARO</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7403 N.W. 7TH STREET</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI-FL</td> </tr> </table>			TITLE	P FERNANDEZ, LAZARO	<input type="checkbox"/> Delete	NAME			STREET ADDRESS	7403 N.W. 7TH STREET		CITY-ST-ZIP	MIAMI-FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">LAZARO FERNANDEZ</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>STREET ADDRESS</td> <td colspan="2">7100 N.W. 72ND AVE</td> </tr> <tr> <td>CITY-ST-ZIP</td> <td colspan="2">MIAMI- FL. 33166</td> </tr> </table>			TITLE	LAZARO FERNANDEZ	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS	7100 N.W. 72ND AVE		CITY-ST-ZIP	MIAMI- FL. 33166	
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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 Block 11 if changed, or on an attachment with 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>																													