


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 22, 2004 8:00 am**  
**Secretary of State**

06-22-2004 90001 048 \*\*\*550.00

<b>DOCUMENT # P94000011636</b>						
<b>1. Entity Name</b> LAZ-Z CONCEPTS, INC.						
<b>Principal Place of Business</b> C/O CARL HOWDEN, CPA/ RACHLIN, COHEN & HOLTZ ONE SE THIRD AVE., 10TH FLOOR MIAMI, FL 33131 US			<b>Mailing Address</b> C/O CARL HOWDEN, CPA/ RACHLIN, COHEN & HOLTZ ONE SE THIRD AVE., 10TH FLOOR MIAMI, FL 33131 US			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-0467092		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable		
<b>6. Name and Address of Current Registered Agent</b> LAZOR, BETH C/O CARL HOWDEN, CPA/ RACHLIN, COHEN & HOLTZ ONE SE THIRD AVE., 10TH FLOOR MIAMI, FL 33131				<b>7. Name and Address of New Registered Agent</b>		
Name				Street Address (P.O. Box Number is Not Acceptable)		
City				Zip Code		
<b>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.</b>						
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)						
Signature, typed or printed name of registered agent and title if applicable.						
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 8, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
<b>TITLE</b> PD	<b>NAME</b> LAZOR, BETH		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 490 ROVINO AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> VP	<b>NAME</b> ZIELINSKI, CHRISTOPHER		<input checked="" type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b> 490 ROVINO AVENUE	<b>CITY-ST-ZIP</b> CORAL GABLES, FL		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b>		<input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.</b>						
<b>SIGNATURE:</b> _____				Date: Jun 18, 2004 (305) 665-9157		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #		

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