

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P94000011636

1. Entity Name
LAZ-Z CONCEPTS, INC.



Principal Place of Business

C/O CARL HOWDEN, CPA/ RACHLIN, COHEN & HOLTZ
ONE SE THIRD AVE., 10TH FLOOR
MIAMI, FL 33131 US

Mailing Address

C/O CARL HOWDEN, CPA/ RACHLIN, COHEN & HOLTZ
ONE SE THIRD AVE., 10TH FLOOR
MIAMI, FL 33131 US



02212005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0467092
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LAZOR, BETH
C/O CARL HOWDEN, CPA/ RACHLIN, COHEN & HOLTZ
ONE SE THIRD AVE., 10TH FLOOR
MIAMI, FL 33131

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------|
| TITLE | PD |
| NAME | LAZOR, BETH |
| STREET ADDRESS | 490 ROVINO AVENUE |
| CITY-ST-ZIP | CORAL GABLES, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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03/04/05-80014-010 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/25/05 (305) 665-9157