



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000022743 1. Entity Name LASSERRE'S FLORAL CONCEPTS, INC.						
Principal Place of Business 419 W 49 ST UNIT 108 HIALEAH, FL 33012 US	Mailing Address 419 W 49 ST UNIT 108 HIALEAH, FL 33012 US	<div style="text-align: center;">  </div> <div style="font-family: monospace; font-size: small;"> 03142006 No Chg-P CR2E034 (11/05) </div>				
6. Name and Address of Current Registered Agent LASSERRE, ALFREDO 419 W 49 ST #108 HIALEAH, FL 33012		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 4. FEI Number 65-0668546 </td> <td style="width: 20%; padding: 2px;"> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable </td> </tr> <tr> <td colspan="2" style="padding: 2px;"> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required </td> </tr> </table>	4. FEI Number 65-0668546	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
4. FEI Number 65-0668546	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required						
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>						
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS						
TITLE	PO LASSERRE, ALFREDO	<div style="font-family: monospace; font-size: small; text-align: right;"> 03/29/06-80031-009 150.00 </div>				
NAME	419 W 49 ST #108					
STREET ADDRESS	HIALEAH, FL 33012					
CITY-ST-ZIP						
TITLE	V					
NAME	LASSERRE, H. B					
STREET ADDRESS	419 W 49 ST #108					
CITY-ST-ZIP	HIALEAH, FL 33012					
TITLE						
NAME						
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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 an address, with all other like empowered.						
SIGNATURE: _____ 3/14/06 (305) 557-1117 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>						