2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000022743

1. Entity Name
LASSERRE'S FLORAL CONCEPTS, INC.

Principal Place of Business	Mailing Address
419 W 49 ST UNIT 108 HIALEAH, FL 33012 US	419 W 49 ST UNIT 108 HIALEAH, FL 33012 US

03012007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0668546	Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

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6. Name and Address of Current Registered Agent

LASSERRE, ALFREDO
419 W 49 ST
#108
HIALEAH, FL 33012

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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, 2007 Fee will be $550.00**	9. Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	

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10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	LASSERRE, ALFREDO
STREET ADDRESS	419 W 49 ST #108
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	V
NAME	LASSERRE, H. B
STREET ADDRESS	419 W 49 ST #108
CITY-ST-ZIP	HIALEAH, FL 33012
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/07--60049-008 150.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *ALFREDO LASSERRE*   3/01/07   (305)557-1117

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #