

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 09, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P9800001340**

1. Entity Name  
**LAZY JO MUSIC, INC.**



Principal Place of Business  
**11111 BISCAYNE BLVD  
#456  
MIAMI, FL 33181**

Mailing Address  
**7451 W OAKLAND PK BLVD  
LAUDERHILL, FL 33319**

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0828576**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**KLENER, MARC  
19400 N.E. 23 AVE.  
MIAMI, FL 33180**

**DO NOT WRITE  
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, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE D  
NAME HOROVITZ, JODI M  
STREET ADDRESS 11111 BISCAYNE BLVD #456  
CITY-ST-ZIP MIAMI, FL 33181

TITLE D  
NAME HOROVITZ, RUTH D  
STREET ADDRESS 11969 NW 11TH STREET  
CITY-ST-ZIP PEMBROKE PINES, FL 33026

TITLE T  
NAME BERGMAN, A.C. CPA  
STREET ADDRESS 7451-W OAKLAND PK BLVD  
CITY-ST-ZIP LAUDERHILL, FL 33319

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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NAME  
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CITY-ST-ZIP

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01/10/06-80044-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-06 954-742-5905