


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2003 8:00 am
Secretary of State

04-22-2003 90043 025 ***150.00

DOCUMENT # P98000042775

1. Entity Name
LONZO, INC.



Principal Place of Business
1325 S POWERLINE RD
SUITE 12
POMPANO BEACH, FL 33069 US

Mailing Address
1325 S POWERLINE RD
SUITE 12
POMPANO BEACH, FL 33069 US

2. Principal Place of Business
1000 E ATLANTIC BLVD
Suite, Apt. #, etc.
206 A

3. Mailing Address
SAME
Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State
POMPANO BEACH, FL

City & State

4. FEI Number
65-0838953

Applied For
 Not Applicable

Zip
33060

Country
USA

Zip

Country

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

6. Name and Address of Current Registered Agent

YABAR, MANUEL
317 JACARONDA DR
FORT LAUDERDALE, FL 33324

7. Name and Address of New Registered Agent

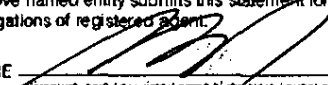
Name

Street Address (P.O. Box Number is Not Acceptable)

317, JACARANDA DRIVE

City **PUNTATION** FL Zip Code **33324**

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  **Manuel Yabar President** **04/18/03**

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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	YABAR, MANUEL	
STREET ADDRESS	1325 S POWERLINE RD #12	
CITY-ST-ZIP	POMPANO BEACH, FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YABAR, MANUEL	
STREET ADDRESS	1000 E ATLANTIC BLVD # 206A	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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.

SIGNATURE:  **Manuel Yabar President** **04/18/03** **9542149208**

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

CR2E034 (10/02)