


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2004 8:00 am
Secretary of State

04-13-2004 90010 019 ***150.00

DOCUMENT # P98000103704	
1. Entity Name LAZULI ENTERPRISES, INC.	

Principal Place of Business C/O MORRISON, BROWN, ARGIZ & COMPANY LLP 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131	Mailing Address C/O MORRISON, BROWN, ARGIZ & COMPANY LLP 1001 BRICKELL BAY DRIVE, 9TH FLOOR MIAMI, FL 33131
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54032282

2. Principal Place of Business C/O MORRISON BROWN ARGIZ & FARRA LLP	3. Mailing Address C/O MORRISON BROWN ARGIZ & FARRA LLP
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Suite, Apt. #, etc. 1001 BRICKELL BAY DRIVE, 9th FL	Suite, Apt. #, etc. 1001 BRICKELL BAY DRIVE, 9th FL
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City & State MIAMI FLORIDA	City & State MIAMI FLORIDA
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Zip 33131	Country USA	Zip 33131	Country USA
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03302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0884212	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FARRA, MIGUEL G ESQ 1001 BRICKELL BAY DRIVE 9TH FLOOR MIAMI, FL 33131	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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.	DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCHEGANI, BORIS 888 BRICKELL KEY DR STE 2604 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: <i>Boris D. Marchegani</i>	Date: <i>4/5/04</i>	Daytime Phone #: <i>786-797-5725</i>
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