2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 11, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000103704

1. Entity Name
LAZULI ENTERPRISES, INC.

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

07912006 No Chg-P CR2E034 (11/05)

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4. FEI Number
65-0884212
☐ Applied For
☐ Not Applicable

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

5. Name and Address of Current Registered Agent

FARRA, MIGUEL G ESQ
1001 BRICKELL BAY DRIVE
9TH FLOOR
MIAMI, FL 33131

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MARCHEGIANI, BORIS
STREET ADDRESS	888 BRICKELL KEY DR STE 2604
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
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CITY-ST-ZIP	

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08/11/06-80003-015 150.00

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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: Boris D Marchegiani
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #