


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 08:00 AM
Secretary of State

DOCUMENT # S11285
 1. Entity Name
LAZAROU ENTERPRISES INC.



Principal Place of Business Mailing Address
220 S. FEDERAL HWY. **220 S. FEDERAL HWY.**
HALLANDALE, FL 33009 **HALLANDALE, FL 33009**



01102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0228539	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LAZAROU, PANAGIOTA
220 S FEDERAL HWY
HALLANDALE, FL 33009

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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
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	PANAGIOTA, LAZAROU-AMANNA
STREET ADDRESS	220 S FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VP
NAME	JAMAL QAZI
STREET ADDRESS	220 S FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	S
NAME	STARK, ELIZABETH
STREET ADDRESS	220 S FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	T
NAME	AMANNA, LAWRENCE
STREET ADDRESS	220 S FEDERAL HWY
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 02/03/05-80015-021 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 my address, with all other titles empowered.

SIGNATURE: *L. Amanna* **1/31/05** **(954) 454-8300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #