

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S39266

FILED  
Apr 05, 2010  
Secretary of State

**Entity Name:** LAZZO MARTIN INSURANCE AGENCY, INC.

**Current Principal Place of Business:**

5801 SOUTH DIXIE HWY  
SUITE A  
WEST PALM BEACH, FL 33405

**New Principal Place of Business:**

**Current Mailing Address:**

5801 SOUTH DIXIE HWY  
SUITE A  
WEST PALM BEACH, FL 33405

**New Mailing Address:**

**FEI Number:** 65-0251968

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, LAZZO  
5801 SOUTH DIXIE HWY  
WEST PALM BEACH, FL 33405 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** MARTIN, LAZZO  
**Address:** 4515 SOUTH FLAGLER DRIVE  
**City-St-Zip:** WEST PALM BEACH, FL 33405

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** LAZZO MARTIN

MR.

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date