

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90231 050 ***150.00

DOCUMENT # 255386

1. Entity Name
LAKE LUCIE ESTATES, INC.



Principal Place of Business
**2601 BISCAYNE BLVD BOX 370308
MIAMI, FL 33137-4532**

Mailing Address
**2601 BISCAYNE BLVD BOX 370308
MIAMI, FL 33137-4532**

60043301



2. Principal Place of Business - No P.O. Box #
2601 BISCAYNE BLVD.
Suite, Apt. #, etc.

3. Mailing Address
2601 BISCAYNE BLVD.
Suite, Apt. #, etc.

03262007 Chg-P CR2E034 (12/06)

City & State
MIAMI, FL
Zip
33137 Country
USA

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MIAMI, FL
Zip
33137 Country
USA

4. FEI Number
59-1317958 Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**RODRIGUEZ, ANTONIO
2601 BISCAYNE BLVD.
MIAMI, FL 33137**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **DS** ☐ Delete
NAME **GOLDSTEIN, MICHELLE**
STREET ADDRESS **2601 BISCAYNE BLVD**
CITY-ST-ZIP **MIAMI, FL**

TITLE **DP** ☐ Delete
NAME **MILLER, ROGER**
STREET ADDRESS **2601 BISCAYNE BLVD.**
CITY-ST-ZIP **MIAMI, FL**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature] **4/26/07 305 576-4330**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #