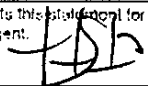


FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90236 042 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # K91210					
1. Entity Name EAGLE'S NEST LAKES DEVELOPMENT CORP.					
Principal Place of Business 14629 SW 104 STREET # 245 MIAMI, FL 33186 US			Mailing Address 14629 SW 104 STREET # 245 MIAMI, FL 33186 US		
2. Principal Place of Business Suite, Apt. #, etc. 125			3. Mailing Address 1500 San Remo Ave. Suite, Apt. #, etc. 125		
City & State Coral Gables, FL			4. FCI Number 65-0161038		
Zip 33146			Country USA		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			Applied For ☐ Not Applicable		
6. Name and Address of Current Registered Agent ALZATE, NOHEMY 4503 SW 75 AVE MIAMI, FL 33155			7. Name and Address of New Registered Agent Atrium Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave. Suite 125 City Coral Gables FL Zip Code 33146		
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:  JOSE NUÑEZ VP DATE: 2/15/05 (Signature, typed or printed name of registered agent and shall apply only (b)(1), Registered Agent signature required when relocating)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD DE WITTENZELLNER, ANNA M 1500 SAN REMO AVE # 125 CORAL GABLES, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D Magibe Vera de Wittenzellner, Anna 1500 San Remo Ave, Suite 125 Coral Gables, FL 33146 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S ALZATE, NOHEMY 14629 SW 104 STREET # 245 MIAMI, FL 33186 ☒ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VD WITTENZELLNER, JOHANNA 1500 SAN REMO AVE # 125 MIAMI, FL 33146 ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/D Wittenzellner Johanna 1500 San Remo Ave. Suite 125 Coral Gables, FL 33146 ☒ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/D Wittenzellner, Hugo 1500 San Remo Ave. Suite 125 Coral Gables, FL 33146 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/D Wittenzellner, Ricardo 1500 San Remo Ave. Suite 125 Coral Gables, FL 33146 ☐ Change ☒ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(x), 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, AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50020659



02032005 Chg-P CR2E034 (10/03)