2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT #267214

1. Entity Name

PEMBROKE PARK LAKES, INC.



FILED Apr 30, 2007 08:00 A Secretary of State

Principal Place of Business . .

1761 W HILLSBORO BLVD #401 DEERFIELD BEACH, FL 33442 US Mailing Address

1761 W HILLSBORO BLVD SUITE 401

DEERFIELD BEACH, FL 33442



DO NOT WRITE	IN	THIS	SPACE
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SIGNATURE AND TYPED-ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/05) 04172007 No Chg-P

Applied For 4. FEI Number 59-1038941 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required

6. Name and Address of Current Registered Agent

GLASER, ALLAN M., ESQ. 11900 BISCAYNE BLVD. #807

MIAMI, FL 33181

SIGNATURE:

DO NOT WRITE IN THIS SPACE

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.	Signature, typed or printed name of registered agent and title	applicable. (NOTE: F	Registered Agent signature	required when reinstating)	DATE			
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD CASTELLANO, MAURICE 1761 W HILLSBORO BLVD, SUITE 40 DEERFIELD BEACH, FL 33442	1			U00000742081 05/15/07-80055-009 150.00			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD CASTELLANO II, MAURICE M 1761 W HILLSBORO BLVD. #401 DEERFIELD BEACH, FL 33442				05/15/01~00055~005 150.00			
TITLE NAME . STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	: .							
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
12. I hereby certify that the information supplied with this filling 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 eath; 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.								

4-20-07

Daytime Phone #