


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # 451812
 1. Entity Name
 LAKEWOOD TRAVEL PARK, INC.



Principal Place of Business Mailing Address
 3055 BURRIS ROAD 3055 BURRIS ROAD
 FORT LAUDERDALE, FL 33314 FORT LAUDERDALE, FL 33314

DO NOT WRITE IN THIS SPACE



01252005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1606375 Not Applicable

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

6. Name and Address of Current Registered Agent

MARBIN, EVAN R
 48 EAST FLAGLER ST PH 104
 MIAMI, FL 33131

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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 NAME STREET ADDRESS CITY - ST - ZIP	P MARBIN, SHERRIE C 48 EAST FLAGLER STREET, PH-104 FORT LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S KINGSBERG, RICHARD 3055 BURRIS ROAD FORT LAUDERDALE, FL 33314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COHEN, JAY T 860 COLLINS AVENUE MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/29/05-80028-017 150.00

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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 an address, with all other like empowered.

SIGNATURE:  1/27/05 954-287-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #