


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # 451812 1. Entity Name LAKEWOOD TRAVEL PARK, INC.	
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Principal Place of Business 3055 BURRIS ROAD FORT LAUDERDALE, FL 33314	Mailing Address 3055 BURRIS ROAD FORT LAUDERDALE, FL 33314
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02022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1606375	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE: P NAME: MARBIN, SHERRIE C STREET ADDRESS: 48 EAST FLAGLER STREET, PH-104 CITY-ST-ZIP: FORT LAUDERDALE, FL
TITLE: S NAME: KINGSBERG, RICHARD STREET ADDRESS: 3055 BURRIS ROAD CITY-ST-ZIP: FORT LAUDERDALE, FL 33314
TITLE: VP NAME: COHEN, JAY T STREET ADDRESS: 860 COLLINS AVENUE CITY-ST-ZIP: 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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 02/28/07-80079-017 150.00

DO NOT WRITE IN THIS SPACE

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: *Richard Kingsberg* **RICHARD KINGSBERG** 2/15/07 954-587-0101
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #