

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000001814

1. Entity Name
LAKE VILLA PROPERTIES, INC.



Principal Place of Business
C/O JAF
1428 BRICKELL AVE STE 206
MIAMI, FL 33131

Mailing Address
YC/O JAF
1428 BRICKELL AVE STE 206
MIAMI, FL 33131



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2129240
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JUAN A. FIGUEROA, P.A., C.P.A.
1428 BRICKELL AVE STE 206
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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restate) 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 PD
NAME DE CREEK, ELENA SANCHEZ N
STREET ADDRESS HACIENDA ZODZIL CASA #6, NORTE, MERIDA
CITY-ST-ZIP YUCATAN MEXICO CP97115.

TITLE D
NAME NAVARRO, EDUARDO JUAN C
STREET ADDRESS HACIENDA ZODZIL CASA #6, NORTE, MERIDA
CITY-ST-ZIP YUCATAN MEXICO CP97115.

TITLE D
NAME NAVARRO, MARIANNA CREEL S
STREET ADDRESS HACIENDA ZODZIL CASA #6, NORTE, MERIDA
CITY-ST-ZIP YUCATAN MEXICO CP97115.

TITLE D
NAME NAVARRO, ANA PAULA C
STREET ADDRESS HACIENDA ZODZIL CASA #6, NORTE, MERIDA
CITY-ST-ZIP YUCATAN MEXICO CP97115.

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

000000586424
01/16/07-80053-004 150.00

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: Elena Sanchez N
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT 305 361 8367
Date _____ Daytime Phone # _____