


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2008 08:00 A
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
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DO NOT WRITE IN THIS SPACE



01042008 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2129240	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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 NAME STREET ADDRESS CITY-ST-ZIP	PD DE CREEK, ELENA SANCHEZ N HACIENDA ZODZIL CASA #6, NORTE, MERIDA YUCATAN MEXICO CP97115,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, EDUARDO JUAN C HACIENDA ZODZIL CASA #6, NORTE, MERIDA YUCATAN MEXICO CP97115,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, MARIANNA CREEL S HACIENDA ZODZIL CASA #6, NORTE, MERIDA YUCATAN MEXICO CP97115,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NAVARRO, ANA PAULA C HACIENDA ZODZIL CASA #6, NORTE, MERIDA YUCATAN MEXICO CP97115,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/18/08-80004-002 150.00

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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* JANUARY 09/08 *

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #