


**FILED**  
**May 01, 2007 08:00 A**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # F93000001995</b> <b>1. Entity Name</b> <b>LAKEVIEW HOLDINGS, LIMITED COMPANY</b>	
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<b>Principal Place of Business</b> 4 COLUMBUS CENTRE WICKHAMAS CAY, ROAD TOWN TORTOLA, BRITISH VIRGIN ISLE,	<b>Mailing Address</b> 801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131-2851
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01222007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

<b>4. FEI Number</b> NOT APPLICABLE	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**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 reinstating)

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**

U000000750680  
05/18/07-80072-008 2500.00

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>DP</b> <b>MANSFIELD, ABDIEL</b> AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA PISO NO.10 PANAMA 1, R D P,
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>AS</b> <b>LEDEZMA, HERIBERTO</b> AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA PISO NO.10 PANAMA 1, R D P,
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> <b>BROCE, BRUNILDA</b> AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA PISO NO.10 PANAMA 1, R D P,
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/07

DATE

(305) 381-8340

Daytime Phone #