

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000001995

FILED
Apr 08, 2009
Secretary of State

Entity Name: LAKEVIEW HOLDINGS, LIMITED COMPANY

Current Principal Place of Business:

4 COLUMBUS CENTRE
WICKHAMAS CAY, ROAD TOWN
TORTOLA, BRITISH VIRGIN ISLE,

New Principal Place of Business:

4 COLUMBUS CENTRE
WICKHAMAS CAY, ROAD TOWN
TORTOLA, BRITISH VIRGIN ISLE, BV

Current Mailing Address:

801 BRICKELL AVE.
16TH FLOOR
MIAMI, FL 331312851

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MANSFIELD, ABDIEL
Address: AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
City-St-Zip: PISO NO.10 PANAMA 1, R D P,

Title: AS () Delete
Name: LEDEZMA, HERIBERTO
Address: AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
City-St-Zip: PISO NO.10 PANAMA 1, R D P,

Title: S () Delete
Name: BROCE, BRUNILDA
Address: AVDA. SAMUEL LEWIS CALLE 54 TORRE AFRA
City-St-Zip: PISO NO.10 PANAMA 1, R D P,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ABDIEL MANSFIELD

D

04/08/2009

Electronic Signature of Signing Officer or Director

Date