**FILED**
**Jan 21, 2005 8:00 am**
**Secretary of State**
01-21-2005 90090 013 ***158.75

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # F93000005399**

1. Entity Name
MIAMI LAKES PONTIAC, INC.

50005458

| Principal Place of Business | Mailing Address |
|---|---|
| 6100 NORTHWEST 16TH STREET<br>MIAMI LAKES, FL 33014 | 6100 NORTHWEST 16TH STREET<br>MIAMI LAKES, FL 33014 |

01032005 Chg-P CR2E084 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number
65-0444763
☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HELLINGER, ANDREW B ESQ
200 S BISCAYNE BLVD
STE 3000
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting)

**FILE NOW!! FEE IS $150.00**
**After May 1, 2005 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MURDOCK, STEVEN<br>5730 GLENRIDGE DR, 4TH FLOOR<br>ATLANTA, GA 30328 | ☒ Delete | D<br>LEE, BRIAN<br>11700 Great Oaks Way<br>Alpharetta, GA 30022 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>JONES, STEVE<br>1516 SHADOWMOSS CIRCLE<br>LAKE MARY, FL 32746 | ☐ Delete | JONES, STEVEN<br>11700 Great Oaks Way<br>Alpharetta, GA 30022 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>SCHUSTER, VALERIE<br>100 RENAISSANCE CENTER<br>DETROIT, MI 48265 | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ST<br>ALMONTE, NILSA<br>6100 NW 167 Street<br>Miami Lakes, Fl 33014 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:** S.T. Jones 1/12/05 (407)833-9196
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #