2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005399

6100 NW 167 STREET

MIAMI LAKES, FL 33014

Address:

City-St-Zip:

FILED May 01, 2006 Secretary of State

Entity Nar	ne: MIAMI LA	KES PONTIAC, INC.			
Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
	THWEST 16T ES, FL 33014				
Current Mailing Address:			New Mailing Address:		
	THWEST 16T ES, FL 33014				
FEI Number:	65-0444763	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
HELLINGER, ANDREW B ESQ 200 S BISCAYNE BLVD STE 3000 MIAMI, FL 33131 US			3050 BISCAÝNE BI 700W	HELLINGER, ANDREW B ESQ 3050 BISCAYNE BLVD. 700W MIAMI, FL 33137 US	
The above in the State		submits this statement for the p	urpose of changing its registe	ered office or registered agent, or both,	
SIGNATURE: ANDREW B. HELLINGER				05/01/2006	
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () LEE, BRIAN 11700 GREAT ALPHARETTA,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () JONES, STEVE 11700 GREAT ALPHARETTA,	OAKS WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SCHUSTER, VA 100 RENAISSA DETROIT, MI 4	NCE CENTER	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST ()	Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: STEVE JONES 05/01/2006 PD