2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005399

Entity Name: MIAMI LAKES PONTIAC, INC.

MIAMI LAKES, FL 33014

City-St-Zip:

FILED May 03, 2007 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	THWEST 16T KES, FL 3301				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
6100 NORTHWEST 16TH STREET MIAMI LAKES, FL 33014			3050 BISCAYNE BLVD. 700W MIAMI, FL 33137		
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 Address of	Name and Address of New Registered Agent:	
3050 BISC 700W	ER, ANDREW CAYNE BLVD. 33137 US	B ESQ			
	e named entity e of Florida.	submits this statement for the	purpose of changing its registere	d office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
		93(2)(b), F.S., the corporation did n ng Trust Fund Contribution ().	ot 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, STEV 11700 GREAT ALPHARETTA,	OAKS WAY	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	SCHUSTER, V	ANCE CENTER	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	ST (ALMONTE, NIL 6100 NW 167		Title: Name: Address:	() Change () Addition	

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.

City-St-Zip:

SIGNATURE: ANDREW HELLINGER, AUTHORIZED REPRESENTATIVE D 05/03/2007