2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # G16426

1. Entity Name

LAKESIDE ENTERPRISES, INC.



FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business

3201 W GRIFFIN ROAD

FORT LAUDERDALE, FL 33312

Mailing Address

3201 W GRIFFIN ROAD

DO NOT WRITE IN THIS SPACE

FORT LAUDERDALE, FL 33312 US



04162004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2242863

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DECKELBAUM, GORDON 3201 W GRIFFIN ROAD

FORT LAUDERDALE, FL 33312

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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.

10.

Signature, typed or printed name of registered agent and title if applicable

OFFICERS AND DIRECTORS

(NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

NAME STREET ADDRESS CITY-ST-ZIP	DECKELBAUM, GORDON 5675 SW 35TH AVE HOLLYWOOD, FL 33312	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DECKELBAUM, GORDON 5675 SW 35TH AVE HOLLYWOOD, FL 33312	
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS		

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/04