

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 13, 2008 8:00 am**  
**Secretary of State**

03-13-2008 90028 021 \*\*\*150.00

**DOCUMENT # G88669**

1. Entity Name

MIAMI LAKES CONSULTING CORP.



Principal Place of Business

P O BOX 970367  
BOCA RATON FL 33497  
US

Mailing Address

% ALFRED E. BATTAGLIOLA  
PO BOX 970367  
BOCA RATON FL 33497-0367  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

4. FEI Number

59-2372103

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATTAGLIOLA, ALFRED E  
8640 VIA REALE DR  
STE #3  
BOCA RATON FL 33434

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2008 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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: S ☒ Delete  
NAME: BATTAGLIOLA, NICOLETTA  
STREET ADDRESS: 8640 VIA REALE DR #3  
CITY-ST-ZIP: BOCA RATON FL

TITLE: S + T ☐ Change ☐ Addition  
NAME: BATTAGLIOLA, ALFRED  
STREET ADDRESS: 8640 VIA REALE DR #3  
CITY-ST-ZIP: BOCA RATON FL 33496

TITLE: P ☐ Delete  
NAME: BATTAGLIOLA, ALFRED E  
STREET ADDRESS: 8640 VIA REALE DR #3  
CITY-ST-ZIP: BOCA RATON FL

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Delete  
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CITY-ST-ZIP:

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STREET ADDRESS:   
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition  
NAME:   
STREET ADDRESS:   
CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

*Alfred E Battagliola*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Mar 13-2008*

*561-414-8889*

Date

Day-Mo-Phone #