2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H42954

Entity Name: PARK LAKE, INC.

FILED Mar 25, 2009 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
3184 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33009 US						
Current Mailing Address:			New Maili	New Mailing Address:		
3184 W HALLANDALE BCH BLVD PEMBROKE PARK, FL 33009 US						
FEI Number: 59-2502705 FEI Number Applied For () FEI Number			lumber Not Appl	mber Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
BECKER & POLIAKOFF 3111 STERLING RD FORT LAUDERDALE, FL 33312 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	S ()E BERARDI, WILLI 524 LAKE SHOR PEMBROKE PAR	E DR	Title: Name: Address: City-St-Zip:	S ST LAUREN 146 MARINE PEMBROKE		
Title: Name: Address: City-St-Zip:	P () E SCIME, SANTO 413 LAKE SHOR PEMBROKE PAR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	T () [BOURASSA, JEA 118 KEY DR N PEMBROKE PAR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () [BOUCHARD, GIL 123 MARINE CIR PEMBROKE PAR	CLE	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D ()E GILLES, JOANNE 107 KEY DR S HALLANDALE, F		Title: Name: Address: City-St-Zip:	D GILLES, JO 107 KEY DE PEMBROKE		
Title: Name: Address: City-St-Zip:	D () [CAPRA, JACQUE 326 LAKE SHOR PEMBROKE PAR	E DR	Title: Name: Address: City-St-Zip:	D HAZELTON, 125 MARINE PEMBROKE		

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.

SIGNATURE: SANTO SCIME PRES 03/25/2009