


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90054 030 ***150.00

DOCUMENT # K44609
 1. Entity Name
 LAKE DRIVE CORPORATION



Principal Place of Business
 3600 NW 37 COURT
 MIAMI, FL 33142 US

Mailing Address
 3600 NW 37 COURT
 MIAMI, FL 33142 US

50016770



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02102005 Chg-P CR2E034 (10/03)

City & State
 Zip Country

4. FEI Number
 65-0143313

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

BRUMMER, FLORENCE
 3600 NW 37 COURT
 MIAMI, FL 33142

7: Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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 **P** Delete
 NAME **BRUMMER, FLORENCE**
 STREET ADDRESS **3600 NW 37 COURT**
 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BURSKI, PETER**
 STREET ADDRESS **3600 NW 37 CT**
 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE Change Addition
 NAME **Burski, Peter**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **BUIRSKI, CATHY KROWN**
 STREET ADDRESS **3600 NW 37 CT**
 CITY-ST-ZIP **MIAMI, FL 33142**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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TITLE Change Addition
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TITLE Delete
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 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 exemption stated in Section 119.07(3)(i), 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:  **Peter Burski** 110105
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #