

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 26, 2008 8:00 am
Secretary of State

02-26-2008 90005 045 ***150.00

DOCUMENT # L52346

1. Entity Name

LAKEVIEW APARTMENTS, INC.



Principal Place of Business

1131 SCARBOROUGH DR.
DAVIE FL 33324

Mailing Address

1131 SCARBOROUGH DR.
DAVIE FL 33324



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 **65-0183595**

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

~~ZIRAKIS, SALOME J
307 SE 14 STREET
FT LAUDERDALE FL 33316~~

Name **Edwin Vega**
Street Address (P.O. Box Number is Not Acceptable)

1131 Scarborough Dr.
City **Davie** FL Zip Code **33324**

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 **Edwin Vega** **Edwin Vega** **PT** **1/25/08**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when removing.) 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 **\$5.00** May Be
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **VEGA, EDWIN**
STREET ADDRESS **1131 SCARBOROUGH DR.**
CITY-ST-ZIP **DAVIE FL 33324**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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: **Edwin Vega**
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

1/25/08 **954-253-3797**
Date Daytime Phone #