2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M20027 1. Entity Name

LAKEVIEW SITES, INC.

FILED Apr 30, 2004 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

13790 NW 4TH STREET

13790 NW 4TH STREET

SUNRISE, FL 33325 US

SUNRISE, FL 33325 US



04272004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-2571150

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ZEDECK, LEONARD E. 13790 NW 4TH STREET

DO NOT WRITE

113 SUNRISE, FL 33325			IN THIS SPACE		
	cions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florada. I am familiar with, and accept
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, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS GITY+ST-ZIP	OFFICERS AND DIRECT DTS ZEDECK, MURRAY 13790 NW 4TH STREET, #113 SUNRISE, FL 33325	OTORS			
TITLE NAME STREET ADDRESS GITY+SI-ZIP					500000145540 05-02704-80028-019 150.00
TITLE NAME STREET ADDRESS GIFY-ST-ZIP			DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY+ST-7IP					
TITLE NAME STREET ADDRESS					

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. 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

SIGNATURE:

TITLE NAME STREET ADDRESS CITY ST ZIP

SIGNATURE AND TYPED OR I

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone ≢