

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 08, 2005 08:00 AM
Secretary of State

DOCUMENT # M43723	
1. Entity Name CYPRESS LAKE CORPORATION	
Principal Place of Business	Mailing Address
3510 CORAL WAY SUITE 210 MIAMI, FL 33145 US	3510 CORAL WAY SUITE 210 MIAMI, FL 33145 US



01122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2818495	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RESTREPO, DARIO
3510 CORAL WAY SUITE 210
MIAMI, FL 33145

**DO NOT WRITE
IN THIS SPACE**

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ECHAVARRIA, JUAN M
STREET ADDRESS	P O BOX 02-5488
CITY-ST-ZIP	MIAMI, FL 331025488
TITLE	D
NAME	GARCES, ENRIQUE
STREET ADDRESS	PO BOX 02-5488
CITY-ST-ZIP	MIAMI, FL 331025488
TITLE	D
NAME	PELAEZ, JOHN J
STREET ADDRESS	PO BOX 02-5488
CITY-ST-ZIP	MIAMI, FL 331025488
TITLE	D
NAME	RESTREPO, DARIO
STREET ADDRESS	3510 CORAL WAY STE., #200
CITY-ST-ZIP	MIAMI, FL 33145
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/08/05-80059-014 150.00

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IN THIS SPACE**

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: **Dario Restrepo**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/05

Date

(305) 445-9555

Daytime Phone #