

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000006133

1. Entity Name
LAKECREST OFFICE MANAGERS, INC.



Principal Place of Business
C/O STANLEY D. GOTTSEGEN, ESQ.
2255 GLADES RD. STE#411-E
BOCA RATON, FL 33431

Mailing Address
C/O STANLEY D. GOTTSEGEN, ESQ.
2255 GLADES RD. STE#411-E
BOCA RATON, FL 33431



04292005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0979172

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOTTSEGEN, STANLEY D ESQ.
C/O STANLEY D. GOTTSEGEN, ESQ.
ONE BOCA PLACE, 2255 GLADES RD. STE#411-E
BOCA RATON, FL 33431

**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 GOTTSEGEN, EILEEN
STREET ADDRESS 2255 GLADES ROAD SUITE 411-E
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE D
NAME MALAMUD, NEIL
STREET ADDRESS 1717 2ND STREET SUITE D
CITY-ST-ZIP SARASOTA, FL 34236

TITLE D
NAME EHRENSTEIN, GABRIEL
STREET ADDRESS 2255 GLADES ROAD SUITE 411-E
CITY-ST-ZIP BOCA RATON, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000355621
05/04/05-80001-022 150.00

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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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STANLEY D. GOTTSEGEN

4/29/05 (561) 994-2212
Daytime Phone #