

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90323 047 ***150.00

DOCUMENT # P00000028992

1. Entity Name
CROWN LAKES BUSINESS PARK, INC.



Principal Place of Business

**8350 NW 52 TERRACE
107
MIAMI, FL 33166**

Mailing Address

**8350 NW 52 TERRACE
107
MIAMI, FL 33166**

50037554

2. Principal Place of Business

**9200 S. Dadeland Blvd.
Suite, Apt. #, etc.
Suite 103**

3. Mailing Address

**9200 S. Dadeland Blvd.
Suite, Apt. #, etc.
Suite 103**

02242005

Chg-P

CR2E034 (10/03)

City & State

Miami, Florida

City & State

Miami, Florida

4. FEI Number

59-3635178

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BABCOCK, CALVIN H
8350 NW 52 TERRACE 107
MIAMI, FL 33166**

7. Name and Address of New Registered Agent

Name
Babcock, Calvin H.

Street Address (P.O. Box Number is Not Acceptable)

9200 S. Dadeland Blvd. Ste 103

City

Miami

FL

Zip Code

33156

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

4-11-05

**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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSD
BABCOCK, CALVIN H
8350 NW 52 TERRACE 107
MIAMI, FL 33166** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
**9200 S. Dadeland Blvd. Ste. 103
Miami, Florida 33156**

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

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

TITLE
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CITY-ST-ZIP
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☐ Change ☐ Addition

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-05

Date

Daytime Phone #

305-599-2780