


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 25, 2007 8:00 am
Secretary of State


04-24-2007 90019 017 ***150.00

DOCUMENT # P01000036085 1. Entity Name LAGO MAR APARTMENTS, INC.	
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Principal Place of Business 1355 W. 44TH PLACE #100 HIALEAH, FL 33012	Mailing Address 1355 W. 44TH PLACE #100 HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE

66019767



01032007 No Chg-P CR2E034 (11/05)

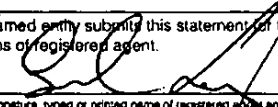
4. FEI Number 65-1095571	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**SMITH, GARY V
1230 NW 7 STREET
MIAMI, FL 33012**

**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  DATE **4/17/07**

Signature, typed or printed name of registered agent, and the fee if applicable (NOTE: Registered Agent signature required when reinstating)

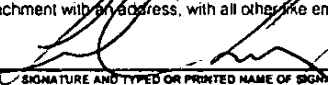
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, SAMUEL 5757 COLLINS AVE. APT. 2207 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEVY, NINA 5757 COLLINS AVE. APT. 2207 MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 my address, with all other like empowered.

SIGNATURE:  **SAM LEVY** DATE **4/21/07** DAYTIME PHONE # **305-825-1763**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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