

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P01000084357

**Entity Name:** COUNTY LAKES MANAGEMENT COMPANY, INC.**FILED**  
**Aug 09, 2008**  
**Secretary of State****Current Principal Place of Business:**2315 NW 97 AVE.  
MIAMI, FL 33172**New Principal Place of Business:**1840 WEST 49. STREET  
SUITE # 705  
HIALEAH, FL 33012**Current Mailing Address:**P.O. BOX 172125  
HIALEAH, FL 33017 US**New Mailing Address:**

FEI Number: 65-1134926      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**MENOCAL, ALFREDO GARCIA  
730 NW 107 AVE.  
115  
MIAMI, FL 33172 US**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: P ( ) Delete  
Name: DEL VALLE, ROBERTO P  
Address: 18959 NW 63RD COURT CIR.  
City-St-Zip: HIALEAH, FL 33015 USTitle: D ( ) Delete  
Name: GARCIA-MENTOCAL, ALFRENDO  
Address: 730 NW 107 AVE. SUITE # 115  
City-St-Zip: MIAMI, FL 33172 USTitle: VP ( ) Delete  
Name: DEL VALLE, MARINA  
Address: 18959 NW 63 CT. CIRCLE  
City-St-Zip: HIALEAH, FL 33015 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTO P. DEL VALLE

P

08/09/2008

Electronic Signature of Signing Officer or Director

Date