

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000084357

FILED
Nov 13, 2008
Secretary of State**Entity Name:** COUNTY LAKES MANAGEMENT COMPANY, INC.**Current Principal Place of Business:**1840 WEST 49. STREET
SUITE # 705
HIALEAH, FL 33012**New Principal Place of Business:****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:**HERNANDEZ, LAWRENCE G
2450 NE 135TH STREET
412
NORTH MIAMI, FL 33181 US

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: LAWRENCE G. HERNANDEZ

11/13/2008

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 US

Title: D () Delete
Name: GARCIA-MENTOCAL, ALFREDO
Address: 730 NW 107 AVE. SUITE # 115
City-St-Zip: MIAMI, FL 33172 US

Title: 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

11/13/2008

Electronic Signature of Signing Officer or Director

Date