## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT # P02000072602

1. Entity Name LAKE VILLA 507 CORP.

Mailing Address

Principal Place of Business 2655 LE JEUNE ROAD SUITE 323 CORAL GABLES, FL 33134

2655 LE JEUNE ROAD SUITE 323 CORAL GABLES, FL 33134

### FILED Apr 23, 2007 08:00 AM Secretary of State



#### DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

03202007

\$8.75 Additional

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

LAPLANA, LUIS 2655 LE JEUNE ROAD SUITE 323 CORAL GABLES, FL 33134

# DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

No Chg-P

| SIGNATURE.                                     | Signature, typed or printed name of registered agent and little                  | fapplicable. (NOTE: Re   | gistered Agent signature | required when reinstating) | DATE  |
|--|--|--|--------------------------|----------------------------|---|
| FIL<br>After M                                 | E NOW!!! FEE IS \$150.00<br>ay 1, 2007 Fee will be \$550.00                      | 9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees |                          |                            |   |
| 10.  | OFFICERS AND DIREC   | CTORS  | 1                        |                            | ·   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DPST<br>LAPLANA, LUIS<br>2655 LE JEUNE ROAD, SUITE 323<br>CORAL GABLES, FL 33134 |  |                          | 6                          |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  | 1                        |                            | U00000722532<br>.05/02/07-80034-011 150.00  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY+ST-ZIP |  |  |                          | DO                         | NOT WRITE   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |                          | IN                         | THIS SPACE  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |                          |                            |   |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP          |  |  |                          |                            |   |
| indicated                                      | on this report or supplemental report is true a                                  | ind accurate and that my s   | ignature shall hav       | ve the same legal effe     | <ol> <li>Florida Statutes. I further certify that the information<br/>act as if made under oath; that I am an officer or director<br/>tes; and that my name appears in Block 10 or Block 11 if</li> </ol> |