


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000004529	
1. Entity Name BELLAGIO LAKES INVESTMENTS, INC.	

Principal Place of Business 10300 NW 121 WAY MEDLEY, FL 33178	Mailing Address 10300 NW 121 WAY MEDLEY, FL 33178
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DO NOT WRITE IN THIS SPACE



01092006 No Chg-P CR2E034 (11/05)

4. FEI Number 16-1650832	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 LAMAS, JOSE A 10300 NW 121 WAY MEDLEY, FL 33178
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000391682 01/24/06-90050-007 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP LAMAS B., JOSE 10300 NW 121 WAY MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVPT LAMAS, JOSE A 10300 NW 121 WAY MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS FINN, DAVID L 10300 NW 121 WAY MEDLEY, FL 33178
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE 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 an address, with another like empowered.

SIGNATURE:  DAVID L FLINN, SCY	1/12/06	305 556 8003
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>