

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Mar 02, 2007 8:00 am
Secretary of State**

01-18-2007 90114 008 ***150.00

DOCUMENT # P03000034781

**1. Entity Name
BLUE LAKE VILLAGE APARTMENTS INC**



**Principal Place of Business
8951 NE 8TH AVE, STE 119
MIAMI, FL 33138**

**Mailing Address
8951 NE 8TH AVE, STE 119
MIAMI, FL 33138**



01092007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**4. FEI Number
51-0456339**

**Applied For
Not Applicable**

**5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**YERO, FIDEL
8951 NE 8TH AVE, STE 119
MIAMI, FL 33138**

**DO NOT WRITE
IN THIS SPACE**

8. The above named agent 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

[Signature]

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

1-10-07

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**P
YERO, ALAN
8951 NE 8TH AVE, STE 119
MIAMI, FL 33138**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**
**VP
YERO, FIDEL
8951 NE 8TH AVE, STE 119
MIAMI, FL 33138**

**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**

**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 all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/2007

Date

Daytime Phone #