2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000049737 1. Entity Name EMBASSY LAKES INVESTMENT CORP. Principal Place of Business Mailing Address				Secretary of	of State
3981 SW 30		3981 SW 30 AVE FORT LAUDERDALE, FL 33312	2 US		
C	O NOT WRITE		CE	01062005 No Chg-P CR2E034 (10. 4. FEI Number 37-1466248 5. Certificate of Status Desired \$8.75 Fee Re	Applied For Not Applicable
6, Name and Address of Current Registered Agent					
HOLLANDER, RHONDA 1861 N. FEDERAL HIGHWAY #191 HOLLYWOOD, FL 33020				DO NOT WRITE IN THIS SPACE	
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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees					
10.	OFFICERS AND D	DIRECTORS			
TITLE NAME STREET ADDRESS CITY+ST-ZIP	GIL, JORGE F 3981 SW 30 AVE FORT LAUDERDALE, FL 33312		- ·	 	sa na
TITLE NAME STREET ADDRESS CITY-ST-ZIP				31/10/03 00001 01/ 1	30.00
TITLE NAME STREET ADDRESS CITY ST-ZIP				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN THIS SPACE	
TITLE NAME STREET ADDRESS GITY - ST-ZIP					
TITLE NAME STREET ADDRESS CLIY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date					