FILED 2006 FOR PROFIT CORPORATION Jan 09, 2006 08:00 AN ANNUAL REPORT **Secretary of State** DOCUMENT # P03000049737 1. Entity Name EMBASSY LAKES INVESTMENT CORP. Principal Place of Business Mailing Address 3981 SW 30 AVE 3981 SW 30 AVE FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 37-1466248 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLLANDER, RHONDA DO NOT WRITE 1861 N. FEDERAL HIGHWAY #191 IN THIS SPACE HOLLYWOOD, FL 33020 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000380355 01/11/06-80010-019 150.00 TITLE GIL, JORGE F 3981 SW 30 AVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33312 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP

of qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information and that my signature shall have the same legal effect as if made under eath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if impowered. 12. I hereby certify that the information supplied with this filling indicated on this report or suppliemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with any address, with all put

SIGNATURE: _

TITLE NAME STREET ADDRESS CITY-ST-ZIP

> SIGNATURE AME OF SIGNING OFFICER OR DIRECTOR