## 2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 01, 2006 8:00 am Secretary of State DOCUMENT # P03000066530 1. Entity Name 05-01-2006 90298 002 \*\*\*150.00 SOCAL-LAKES, INC. Principal Place of Business Mailing Address C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 C/O SENTINEL REAL ESTATE CORPORATION 1251 AVENUE OF THE AMERICAS NEW YORK NY 10020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 81-0619736 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON FL 33331 City Zip Code 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. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State : 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREICKER, JOHN H NAME NAME STREET ADDRESS 1251 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-7IP NEW YORK NY 10020 CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition WEINER, DAIVD NAME NAME STREET ADDRESS 1251 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10020 CITY - ST - ZIE ☐ Delete Addition Change NAME WEINBERGER, MICHAEL J NAME STREET ADORESS 1251 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NEW YORK NY 10020 Delete TITLE TITLE ☐ Change Addition KLEIN, JAY NAME NAME STREET ADDRESS 1251 AVENUE OF THE AMERICAS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10020 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE TIETJEN, GEORGE NAME NAME 1251 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS NEW YORK NY 10020 CITY-ST-7IP CITY-ST-7IP TITLE Delete ☐ Change ■ Addition TITLE NAME WATTERS, CONNELL J NAME 1251 AVENUE OF THE AMERICAS STREET ADDRESS STREET ADDRESS NEW YORK NY 10020 CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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:

**FILED** 

Davisme Phone #