



**FILED**

**Jan 10, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P03000139944</b>			
1. Entity Name <b>LAKE WEST REALTY CORP.</b>		<b>Jan 10, 2006 08:00 A</b> <b>Secretary of State</b>	
Principal Place of Business <b>1165 W. 49TH ST., #107 HIALEAH, FL 33012</b>		Mailing Address <b>1165 W. 49TH ST., #107 HIALEAH, FL 33012</b>	
			
		01052006 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>42-1639415</b>	
		Applied For <input type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>CHAVEZ, ALICE 1165 W. 49TH ST., #107 HIALEAH, FL 33012</b>			
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
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"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		PSD CHAVEZ, ALICE 1165 W. 49TH ST., #107 HIALEAH, FL 33012	
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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: <i>Alice Chavez</i>		1/5/06 (305) 825-1133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	