

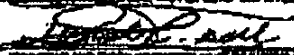
FROM : JORGE C. ARCE

FAX NO. : 954 7498617

FILED
Jul 05, 2005 8:00 am
Secretary of State

02-25-2005 90148 010 ***150.00

**2005 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P04000068233			
1. Entity Name HIGH LANE CORP.			
Principal Place of Business 2721 N PINE ISLAND ROAD STE 204 SUNRISE, FL 33322		Mailing Address 2721 N PINE ISLAND ROAD STE 204 SUNRISE, FL 33322	
2. Principal Place of Business		3. Mailing Address	
Subs. Act. #, etc.		Subs. Act. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FE number 20-1067139		Applied For Not Applicable	
5. Certificate of Status Desired ☐		6.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ARCE, JORGE C 2721 N PINE ISLAND ROAD STE 204 SUNRISE, FL 33322		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. This report is being filed solely for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am hereby withdrawing and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or electronic of individual agent and other applicable. (SEE: Registered Agent signature only - not for corporation)			
FILE NUMBER FEE IS \$150.00 After May 1, 2005 Fee will be \$200.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 may be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	PO ARCE, JORGE C 2721 N PINE ISLAND ROAD STE 204 SUNRISE, FL 33322 ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V MIVERA, ARTURO M 2415 LYONS ROAD, APT. 24108 DOCKHUT CREEK, FL 33093 ☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Add
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 180.02, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 fee appropos.			
SIGNATURE: 		02-21-05 (94)803-6185	