


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90003 006 \*\*\*150.00

<b>DOCUMENT # P04000106043</b>	
1. Entity Name <b>NORTHLAKE WASHBOWL, INC.</b>	

Principal Place of Business <b>3557 HWY. 441 SOUTH OKEECHOBEE, FL 34974</b>	Mailing Address <b>1707 SW 67TH DRIVE OKEECHOBEE, FL 34974</b>
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2. Principal Place of Business - No P.O. Box # <b>3557 Hwy 441 S.</b>	3. Mailing Address <b>425 NE 64th Ave.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>OKEECHOBEE, FL</b>	City & State <b>OKEECHOBEE, FL</b>
Zip <b>34974</b>	Zip <b>34974</b>
Country <b>USA</b>	Country <b>USA</b>

6. Name and Address of Current Registered Agent	
<b>SERRANO, MISAEL 425 N.E. 64TH AVE. OKEECHOBEE, FL 34972</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	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: Misael Serrano (NOTE: Registered Agent signature required when reinstating)

DATE: 2/27/07

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SERRANO, MISAEL 3557 HWY. 441 SOUTH OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SERRANO, MELISSA 3557 HWY. 441 SOUTH OKEECHOBEE, FL 34974 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Misael Serrano (Date: 2/27/07 Daytime Phone #: 863-697-9014)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR