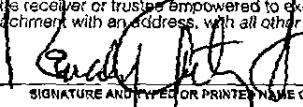


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000141449 1. Entity Name LAKELINE PROPERTIES, INC.			
Principal Place of Business 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131		Mailing Address 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131	
DO NOT WRITE IN THIS SPACE			
		02032006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1757632	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GUTIERREZ, RENALDY J 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131		DO NOT WRITE IN THIS SPACE	
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 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000546143 05/11/06-80106-002 150.00 DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LOPEZ, PEDRO R 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DE LOPEZ, REBECA O 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS GUTIERREZ, RENALDY J 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		4-21-06 (305) 577-4500	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Time Phone #	