2007 FOR PROFIT CORPORATION

changed, or on an attachme

SIGNATURE:

May 10, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000141449 05-10-2007 90026 015 ***150.00 LAKELINE PROPERTIES, INC. 40110230 Principal Place of Business Mailing Address 601 BRICKELL KEY DR SUITE 201 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04262007 Chg-P CR2E034 (12/06) Applied For City & State City & State 4 FEI Number 20-1757632 Not Applicable Zip Zip Country Country \$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 Nama GUTIERREZ, RENALDY J Street Address (P.O. Box Number is Not Acceptable) 601 BRICKELL KEY DR SUITE 201 MIAMI, FL 33131 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. TITLE TITLE Addition □ Delete VPDChange Fernandez de Lopez, Marisol 601 Brickell Key Dr. Suite 201 Miami, Fl. 33131 LOPEZ, PEDRO R NAME NAME STREET ADDRESS 601 BRICKELL KEY DR SUITE 201 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP Delete TITLE Change Addition TITLE DE LOPEZ, REBECA O NAME NAME 601 BRICKELL KEY DR SUITE 201 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 CITY-ST-ZIP CITY - ST - ZIP VAS TITLE ☐ Delete TITLE ☐ Change ☐ Addition GUTIERREZ, RENALDY J NAME NAME STREET ADDRESS 601 BRICKELL KEY DR SUITE 201 STREET ADDRESS MIAMI, FL 33131 CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the interpention 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 by execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

OFFICER OR D

FILED

Daytime Phone #