## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2007 8:00 am Secretary of State

1. Entity Nam	MENT # P05000068 LAKES SPORTS CAMP, I			04-09-200	7 90067 047 *	**150.00		
Principal Place	e of Rusiness	Mailing Address						
Principal Place of Business 6401 KENDALL LAKES DR MIAMI, FL 33183		11145 SW 126TH STREET MIAMI, FL 33176						
				1 10000100014		\$    C1     C		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03072007	Chg-P	CR2E034 (12	/06)	
City & State		City & State		4. FEI Numb 59-380			Applied For Not Applicable	
Zip	Country	Zip	Country		of Status Desired		5 Additional equired	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered Agent		
TAVIOD	CDECODY D		Name					
	Suite, Apt. #, etc.  City & State  Zip Country  6. Name and Address of Curre		Street Addr	Street Address (P.O. Box Number is Not Acceptable)				
–								
	DALL LAKES DR 33183  Place of Business - No P.O. Box #  Dat. #, etc.  ate  Country  6. Name and Address of Current  GREGORY B T LAS OLAS BLVD.		City			FL Zip	Code	
		or the purpose of changing its re	egistered office or req	gistered agent, or bo	th, in the State of I	l Florida. I am familiai	with, and accept	
the obligat	ions of registered agent.							
SIGNATURE.								
	Signature, typed or ponted name of registered agent	and title if applicable (NOTE	Registered Agent signature re	equired when reinstation)		DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	Registered Agent signature ri	equired when reinstating)		DATE		
	Signature, typed or printed name of registered agent E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig	n Financing	\$5.00 May Be Added to Fees		DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaig Trust Fund Contri	n Financing	\$5.00 May Be Added to Fees	CHANGES TO O	DATE FFICERS AND DIREC	CTORS IN 11	
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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 of 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 of 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 charged, or on an attachment with an address, with all other like empowered.

CITY - ST - ZIP

SIGNATURE:

CITY-ST-ZIP

TO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/07 (786) 232-705