2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000080593

Entity Name: MIAMI LAKES FP. INC

FILED Mar 23, 2009 Secretary of State

Entity Name: MIAMI LAKES FP, INC.						
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
	7. 60TH AVE. ES, FL 33014					
Current Mailing Address:			New Maili	New Mailing Address:		
14100 N.W. 60TH AVENUE MIAMI LAKES, FL 33014				14100 N.W. 60TH AVE. MIAMI LAKES, FL 33014		
FEI Number:	20-3003687	FEI Number Applied For ()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
ELAZAR, F 3101 S. OC 3003 HOLLYWC		US				
The above in the State		ubmits this statement for the p	urpose of changing it	ts registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
Election Can	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () ELAZAR, MYER 3101 S. OCEAN HOLLYWOOD, I	DR. # 3003	Title: Name: Address: City-St-Zip:	(()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () ELAZAR, PNINA 3101 S. OCEAN HOLLYWOOD, I	DR. # 3003	Title: Name: Address: City-St-Zip:	(() Change () Addition	
Title: Name: Address: City-St-Zip:	D () SALAL, SHLOM 962 SW 93RD T PLANTTAION, F	ERRACE	Title: Name: Address: City-St-Zip:	D (DALAL, SHLC 962 SW 93RI PLANTTAION	D TERRACE	
Title: Name: Address: City-St-Zip:	D () SALAL, FANNY- 962 SW 93RD T PLANTTAION, F	ERRACE	Title: Name: Address: City-St-Zip:			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYER ELAZAR D 03/23/2009