


**2007 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Feb 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000147490 1. Entry Name TWO LAKES VENTURES INC	
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Principal Place of Business
**455 BIG PINE RD.
KEY LARGO, FL 33037 US**

Mailing Address
**PO BOX 351056
MIAMI, FL 33135**



02062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-3792756	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MURGUIDO, ALEXANDRA
1040 NW 33 AVE
MIAMI, FL 33125**

**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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000628691

02/16/07-80027-010 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TOJEIRO, TERESA
STREET ADDRESS	455 BIG PINE RD.
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	S
NAME	MURGUIDO, ALEXANDRA
STREET ADDRESS	455 BIG PINE RD.
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	T
NAME	MANUEL, MENA
STREET ADDRESS	455 BIG PINE RD.
CITY-ST-ZIP	KEY LARGO, FL 33037
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-6-07 (786) 381-9588