

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155669

FILED
Feb 24, 2009
Secretary of State

Entity Name: LAKEVIEW COMMUNITY CENTERS, INC.

Current Principal Place of Business:

4955 SW 75 AVENUE
MIAMI, FL 33155

New Principal Place of Business:

Current Mailing Address:

4955 SW 75 AVENUE
MIAMI, FL 33155

New Mailing Address:

FEI Number: 20-3848182

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBA, RAUL
4955 SW 75 AVENUE
MIAMI, FL 33155 US

Name and Address of New Registered Agent:

ALONSO, ROGELIO
4955 SW 75 AVENUE
MIAMI, FL 33155 US

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.

SIGNATURE: ROGELIO ALONSO

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: ALBA, RAUL
Address: 4955 SW 75 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: VPD () Delete
Name: ALONSO, ROGELIO
Address: 4955 S.W. 75 AVENUE
City-St-Zip: MIAMI, FL 33155

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: ALONSO, ROGELIO
Address: 4955 SW 75 AVENUE
City-St-Zip: MIAMI, FL 33155

Title: () Change () Addition
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: ROGELIO ALONSO

VPD

02/24/2009

Electronic Signature of Signing Officer or Director

Date