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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P07000055578** 2008 SEP 18 AM 7: 39 THE LAKOTA GROUP INC SEUND MAY UL STATE Principal Place of Business Mailing Address 3140 SOUTH OCEAN DRIVE 3140 SOUTH OCEAN DRIVE 1008 1008 HALLANDALE BEACH, FL 33009 HALLANDALE BEACH, FL 33009 2. Principal Place of Business - No P.O. 8ox # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 09042008 Chg-P CR2E034 (12/08) City & State City & State Applied For Not Applicable Zip \$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 Name ARS & ASSOCIATES INC Street Address (P.O. Box Number is Not Acceptable) 20810 WEST DIXIE HIGHWAY NORTH MIAMI BEACH, FL 33180 City FL 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: Registored Agent argneture required when reinstating) DATE \$5.00 May Be FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Trust Fund Contribution. Added to Fees Due by September 12, 2008 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Deletæ TITLE ☐ Change ☐ Addition DOMASH, WAYNE NAME NAME STREET ADDRESS 3140 SOUTH OCEAN DRIVE # 1008 STREET ADDRESS CITY-ST-ZIP HALLANDALE BEACH, FL 33009 COY-ST-ZIP TITS F TITL 6 ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE ☐ Addition KALE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-72P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP TITLE Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-SI-ZIP 12. Thereby certify that the information supplied with this filling 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 eath; 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 antachment with an address, with all obergible empowered. / copie

ATTACHMENT 60046481



September 3, 2008

Division of Corp P.O. Box 1500 Tallahassee, Florida 32302-1500

Re: The Lakota Group Inc Document# 07000055578 2008 For Profit Corp Annual Report

To Whom It May Concern:

The original was sent to your office in Tallahassee, Florida on 01/20/08. Enclosed is a copy of the check stub #1010. To date, the check did not clear the bank. Enclosed is a new completed form and a check for \$150.00.

Please review and advise.

Very Truly Tours,

Stuart Socol

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