

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000036758

1. Entity Name
LAKE HARRIS PROPERTIES, INC.



Principal Place of Business

**9700 S DIXIE HWY
STE 1030
MIAMI, FL 33156 US**

Mailing Address

**P O BOX 6298
MIAMI, FL 33256-6298 US**



04082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3186049

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**SAMOLE, MYRON M
9700 S DIXIE HWY
SUITE 1030
MIAMI, FL 33156**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SAMOLE, MYRON M
STREET ADDRESS 9700 S DIXIE HWY SUITE 1030
CITY- ST- ZIP MIAMI, FL

TITLE D
NAME HARTE, SAMUEL
STREET ADDRESS 7251 SW 129TH ST
CITY- ST- ZIP MIAMI, FL

TITLE D
NAME LEWIS, JOHN M
STREET ADDRESS 9400 S DADELAND BLVD
CITY- ST- ZIP MIAMI, FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

U600000111105
04/12/04-80109-012 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2004 305670 5070

Date

Daytime Phone #