

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000090096

1. Entity Name
LAKE SHOPPES, INC.



Principal Place of Business

**1835 N.E. MIAMI GARDENS DRIVE
193
NORTH MIAMI BEACH, FL 33179 US**

Mailing Address

**1835 NE MIAMI GARDENS DRIVE
SUITE 193
MIAMI, FL 33179 US**



02132006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0551672

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MEISTER, STEVEN
1835 NE MIAMI GARDENS DRIVE
SUITE 193
MIAMI, FL 33179**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

000000443732
03/06/06-80025-001-150.00

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME MEISTER, STEVEN
STREET ADDRESS 1835 NE MIAMI GARDENS DRIVE #193
CITY-ST-ZIP MIAMI, FL 33179**

**TITLE ST
NAME STEVEN, MEISTER
STREET ADDRESS 1835 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP MIAMI, FL 33179**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

**TITLE
NAME
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CITY-ST-ZIP**

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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

2/20/06

Date

305653 2100

Daytime Phone #