


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2006 8:00 am
Secretary of State

07-19-2006 90008 042 ***550.00

DOCUMENT # P95000095177
 1. Entity Name
 HIDDEN LAKE GROUP, INC.



Principal Place of Business
 12700 SOUTHWEST 128TH STREET
 MIAMI, FL 33186

Mailing Address
 12700 SOUTHWEST 128TH STREET
 MIAMI, FL 33186

40100159

2. Principal Place of Business
 806 Douglas Road
 Suite, Apt. #, etc.
 Suite 580

3. Mailing Address
 806 Douglas Road
 Suite, Apt. #, etc.
 Suite 580

City & State
 Coral Gables, FL

City & State
 Coral Gables, FL

Zip
 33134

Country
 US

Zip
 33134

Country
 US



06142006 Chg-P CR2E034 (11/05)

4. FEI Number
 65-0731113

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS B. FREEMAN, RECEIVER
 2675 S. BAYSHORE DRIVE
 COCONUT GROVE, FL 33133

7. Name and Address of New Registered Agent

Name
 Registered Agent Corporate Services, Inc.

Street Address (P.O. Box Number is Not Acceptable)
 806 Douglas Road
 Suite 580

City
 Coral Gables

FL

Zip Code
 33134

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  Betsy Parenti, Assistant Secretary 7/12/06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 PT Delete

NAME
 BATTAH, BASSIL E

STREET ADDRESS
 11260 S.W. 95TH ST.

CITY-ST-ZIP
 MIAMI, FL 33176

TITLE
 D/P/S/T Change Addition

NAME
 Macario, Angel R.

STREET ADDRESS
 c/o 806 Douglas Road, Suite 580

CITY-ST-ZIP
 Coral Gables, FL 33134

TITLE
 S Delete

NAME
 BATTAH, HILDA M

STREET ADDRESS
 11260 S.W. 95TH ST.

CITY-ST-ZIP
 MIAMI, FL 33176

TITLE
 Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE
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NAME

STREET ADDRESS

CITY-ST-ZIP

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TITLE
 Change Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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:  7/12/06 786 264 5343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #