2005 FOR PROFIT CORPORATION

Mar 16, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # P96000016442** 1. Entity Name LAKESHORE TENNIS CENTER, INC. Mailing Address Principal Place of Business 1282 NE 181 STREET 1282 NE 181 STREET N MIAMI BCH, FL 33162 US N MIAMI BCH, FL 33162 02072005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0660023 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SERRANO, JUAN E DO NOT WRITE 1282 NE 181 STREET N MIAMI BCH, FL 33162 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. 1 am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \Box Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. TITLE SERRANO, JUAN E NAME STREET ADDRESS 1282 NE 181 STREET U00000264178 03/16/05-80005-004 150.00 CITY-ST-ZIP N MIAMI BCH, FL 33162 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 empowered.

SIGNATURE:

TITLE

STREET ADDRESS CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR D

FILED