2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # P96000032114

1. Entity Name
LAKESIDE STATION, INC.

Principal Place of Business
8314 NW 103 ST
SUITE 700
HIALEAH GARDENS, FL 33016 US

Mailing Address
6921 LOCHNESS DR
MIAMI LAKES, FL 33014 US

DO NOT WRITE IN THIS SPACE

01292008 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0680465

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MACHADO, LUIS
9560 SW 107TH AVE
SUITE 102
MIAMI, FL 33173

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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, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MACHADO, LUIS
STREET ADDRESS	9560 SW 107TH AVE SUITE 102
CITY-ST-ZIP	MIAMI, FL 33173
TITLE	D
NAME	GIL, JOSE R
STREET ADDRESS	6921 LOCHNESS DR
CITY-ST-ZIP	HIALEAH, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. *I hereby certify that the information supplied with this filing does not quality 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: X X Jose R. Gil 01/29/08

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