## 2008 FOR PROFIT CORPORATION

## **Secretary of State ANNUAL REPORT** 03-12-2008 90031 010 \*\*\*150.00 **DOCUMENT # P96000101574** 1. Entity Name LAKE POINTE HOLDINGS, INC. Principal Place of Business Mailing Address 40043717 9095 S.W. 87 AVENUE 9095 S.W. 87 AVENUE SUITE 777 SUITE 777 MIAMI, FL 33176 MIAMI, FL 33176 No Chg-P 01102008 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0718076 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MITCHELL, JAMES R DO NOT WRITE 9095 S.W. 87 AVENUE **SUITE 777** IN THIS SPACE MIAMI, FL 33176 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. manae SIGNATURE distered agent and title if applicable DATE (NOTE: Registered Agent signature 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MITCHELL, JAMES R NAME STREET ADDRESS 9095 S.W. 87 AVENUE, SUITE 777 CITY-ST-ZIP MIAMI, FL 33176 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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: .

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-7IP

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

James R. Mitchell

3/10/08

**FILED** Mar 12, 2008 8:00 am

305-270-0870