

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 29, 2005 8:00 am
Secretary of State

03-29-2005 90012 044 ***150.00



DOCUMENT # 278799
1. Entity Name
SKY LAKE GARDENS RECREATION INC

Principal Place of Business
20700 W. DIXIE HWY #100
N MIAMI BCH FL 33180

Mailing Address
20700 W. DIXIE HWY.
#100
N. MIAMI BEACH 33 33180
US



2. Principal Place of Business
20700 West Dixie Highway

3. Mailing Address
20700 West Dixie Highway

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/04)

City & State
North Miami Beach, FL

City & State
North Miami Beach, FL

Zip
33180

Country
USA

Zip
33180

Country
USA

4. FEI Number 59-1083905

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

GOLDMAN, DAVID
20700 W. DIXIE HWY
SUITE #100
N MIAMI BCH FL 33180

7. Name and Address of New Registered Agent

Name
GOLDMAN, DAVID E.

Street Address (P.O. Box Number is Not Acceptable)
20700 West Dixie Highway

City
North Miami Beach FL

Zip Code
33180

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP GOLDMAN, DAVID 20700 W. DIXIE HWY., #100 N. MIAMI BEACH FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOLDMAN, GARY 20700 W DIXIE HWY #100 MIAMI FL 33180 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DD GOLDMAN, DAVID E. 20700 West Dixie Highway North Miami Beach, FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD GOLDMAN, GARY B. 20700 West Dixie Highway North Miami Beach, FL 33180 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: David E Goldman, DAVID E. GOLDMAN 03/25/05 (305) 935-6277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #