2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2007
Secretary of State

DOCUMENT# 708010

Entity Name: SKY LAKE GARDENS NO. 2. INC., A CONDOMINIUM

Current Principal Place of Business:

18654 NE 18 AVE
MIAMI, FL 33179

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 600301
NORTH MIAMI BEACH, FL 33160

New Mailing Address:

FEI Number: 59-1171512 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUILES, RAFAEL
1655 NORTHEAST MIAMI GARDENS DRIVE
SUITE 208
NORTH MIAMI BEACH, FL 33179 US

Name and Address of New Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

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.

SIGNATURE: FERNANDO SILVA 04/24/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: QUILES, RAFAEL
Address: 1655 NE MIAMI GARDENS DRIVE SUITE 208
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D ( ) Delete
Name: BONILLA, MIGUEL
Address: 1671 NE MIAMI GARDENS DRIVE SUITE 147
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP ( ) Delete
Name: IGLESIAS, ARTURO
Address: 1651 N.E. MIAMI GARDENS DRIVE
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: S (X) Delete
Name: OLIVO, ELIZABETH
Address: 1655 NE MIAMI GARDENS DRIVE SUITE 205
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: T (X) Delete
Name: OSORIO, YOLANDA
Address: 1715 NE MIAMI GARDENS DRIVE SUITE 229
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LANAO, MARINA
Address: 1651 NE MIAMI GARDENS DRIVE SUITE 204
City-St-Zip: NORTH MIAMI BEACH, F; 33179

Title: T (X) Change ( ) Addition
Name: OLIVO, ELIZABETH
Address: 1655 NE MIAMI GARDENS DRIVE SUITE 205
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAFAEL QUILES P 04/24/2007
Electronic Signature of Signing Officer or Director Date