


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # 708437
 1. Entity Name
SKY LAKE GARDENS NO.3, INC., A CONDOMINIUM



Principal Place of Business Mailing Address
 18650 NE 18 AVE. P.O. BOX 630296
 #133 MIAMI, FL 33163 US
 NORTH MIAMI BEACH, FL 33179 US



03162005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

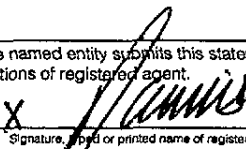
4. FEI Number Applied For
59-1090024 Not Applicable

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

6. Name and Address of Current Registered Agent
RAMIREZ, CESAR
 18650 NE 18 AVE.
 APT. 133
 NORTH MIAMI BEACH, FL 33179

DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *X*  DATE **04-25-05**

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

Filing Fee is \$61.25
Due by May 1, 2005

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	P RAMIREZ, CESAR 18650 NE 18 AVE., #133 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANO, ALEJANDRO 18638 NE 18 AVE., #243 NORTH MIAMI BEACH, FL 33199
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, CARMEN 18612 NE 18TH AVE #214 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FERNANDEZ, YOLANDA 18634 NE 18 AVE., #241 NORTH MIAMI BEACH, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000350275
 05/02/05-80098-018 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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*  Date **04-25-05** Daytime Phone # **305-947-0080**

SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR