


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 30, 2006 8:00 am**  
**Secretary of State**

01-30-2006 90042 008 \*\*\*\*70.00

**DOCUMENT # 708437**

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



00000110



Principal Place of Business  
 18650 NE 18 AVE.  
 #133  
 NORTH MIAMI BEACH, FL 33179 US

Mailing Address  
 P.O. BOX 630296  
 MIAMI, FL 33163 US

2. Principal Place of Business  
 18562 N.E 18th AVE  
 Suite, Apt. #, etc.  
 APT #107

3. Mailing Address  
 P.O. Box 630296  
 Suite, Apt. #, etc.

City & State  
 North Miami Beach, FL

City & State  
 Miami, FL

Zip  
 33179

Country  
 U.S.A

Zip  
 33163

Country  
 USA

01192006 Chg-NP CR2E037 (11/05)

4. FEI Number  
 59-1090024

Applied For  
 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

7. Name and Address of New Registered Agent

Name  
 TATHIANA PATINO

Street Address (P.O. Box Number is Not Acceptable)  
 18562 N.E 18th AVE #107

City  
 North Miami Beach FL

Zip Code  
 33179

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: *Tathiana Patino* TATHIANA PATINO (President) 1/25/06

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

Filing Fee is \$61.25  
 Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAMIREZ, CESAR 18650 NE 18 AVE., #133 NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANO, ALEJANDRO 18638 NE 18 AVE., #243 NORTH MIAMI BEACH, FL 33189	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LOPEZ, CARMEN 18612 NE 18TH AVE #214 NORTH MIAMI BEACH, FL 33179	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FERNANDEZ, YOLANDA 18634 NE 18 AVE., #241 NORTH MIAMI BEACH, FL 33179	<input checked="" 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 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. President TATHIANA PATINO 18562 N.E 18th AVE #107 North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OSCAR A. PATINO 18562 NE 18th AVE #105 North Miami Beach, FL 33179	Change <input checked="" type="checkbox"/> Addition Vice-President
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TREASURER Wilson Rivera 18562 N.E 18th AVE #108 North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT ASSISTANT TREASURER AURIA ROBINSON 18646 N.E. 18th AVE #226 North Miami Beach, FL 33179	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SECRETARY Yolanda B. Fernandez 18634 N.E 18th AVE #241 North Miami Beach, FL 33179	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ANA MARIA CALA 18566 N.E 18th AVE #111 North Miami Beach, FL 33179	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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 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: *Tathiana Patino* 1/25/06 (305)3436174

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

Tathiana Patino, President.