2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED Apr 04, 2007 **DOCUMENT# 708437** Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: 18562 NE 18TH AVE **APT 107** MIAMI, FL 33179 **New Mailing Address: Current Mailing Address:** PO BOX 630296 MIAMI, FL 33163 US FEI Number: 59-1090024 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PATINO, TATHIANA 18562 NE 18TH AVE, # 107 NORTH MIAMI BEACH, FL 33179 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PATINO, TATHIANA Name: Name: 18562 NE 18TH AVE, # 107 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: PATINO, OSCAR A Name: Address: 18562 NW 18TH AVE # 105 Address: City-St-Zip: NORTH MIAMI BEACH, FL 33199 US City-St-Zip: Title: () Delete Title: (X) Change () Addition BRAVO, JOSEFA SOKOL, ALAN Name: Name: 18600 NE 18TH AVE APT #249 Address: Address: 18634 NE 18TH AVE # 238 City-St-Zip: NORTH MIAMI BEACH, FL 33179 US City-St-Zip: NORTH MIAMI BEACH, FL 33179 US () Delete Title: Title: () Change () Addition Name: ANA MARIA, CALA Name: 18566 NE 18TH AVE APT #111 Address: Address: City-St-Zip: NORTH MIAMI BEACH, FL 33179 US City-St-Zip: Title: () Delete Title: DIRE (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

BRAVO, JOSEFA

18600 NE 18TH AVE APT #249

N MIAMI BCH, FL 33179 US

SIGNATURE: TATHIANA PATINO Ρ 04/04/2007

SOKOL, ALAN

18634 NE 18TH AVE # 238

N MIAMI BCH, FL 33179 US

Name:

Address:

City-St-Zip: