

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 8:00 am
Secretary of State

01-20-2005 90036 038 ***150.00

DOCUMENT # K13110

1. Entity Name
GARDEN LAKES INVESTMENTS, INC.



Principal Place of Business
**395 ALHAMBRA CIRCLE, STE. 200
CORAL GABLES, FL 33134-5003**

Mailing Address
**395 ALHAMBRA CIRCLE, STE. 200
CORAL GABLES, FL 33134-5003**

50004035



01042005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0027330** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DE ONA, JORGE VICTOR
395 ALHAMBRA CIRCLE
SUITE 200
CORAL GABLES, FL 33134**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE **P**
NAME **DE ONA, JORGE**
STREET ADDRESS **395 ALHAMBRA CIR**
CITY-ST-ZIP **CORAL GABLES, FL**

TITLE **TV**
NAME **PEDROSO, JESUS**
STREET ADDRESS **440 S.W. 23RD AVE.**
CITY-ST-ZIP **MIAMI, FL**

TITLE **S**
NAME **DE ONA, JORGE V**
STREET ADDRESS **395 ALHAMBRA CIRCLE STE 200**
CITY-ST-ZIP **CORAL GABLES, FL 33134**

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: **JORGE A. DE ONA** — *Jorge A. De Ona*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/05
Date

305-442-1256
Daytime Phone #