## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # K13110

1. Entity Name GARDEN LAKES INVESTMENTS, INC.



Mailing Address

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

Principal Place of Business

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

## **FILED** Jan 19, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

01042007 No Chg-P CR2E034 (11/05)

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

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bot	h, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	f analicable /NOTE-Benisterer	Aneni sinnature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finantifrust Fund Contribution.				\$5.00 May Be Added to Fees	UAIL
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE ONA, JORGE 395 ALHAMBRA CIR CORAL GABLES, FL				000000592563 01/19/07-80068-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TV PEDROSO, JESUS 440 S.W. 23RD AVE. MIAMI, FL				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DE ONA, JORGE V 395 ALHAMBRA CIRCLE STE 200 CORAL GABLES, FL 33134			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			IN 7	THIS SPACE
NAME STREET ADDRESS CITY-ST-ZIP			İ		
TITLE NAME STREET ADDRESS CITY-ST-7IP					

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 607, Florida Statutes are directly as a supplemental report in the supplemental report is the supplemental report is the supplemental report in 
all other like empowered.