


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2008 08:00 AM
Secretary of State

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	



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0027330	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 reinstating)

DATE

02/29/08-80040-011 150.00

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20/08
Date

305-442-1256
Daytime Phone #