2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086468

City-St-Zip:

AVENTURA, FL 33180

Entity Name: HADASSA SKYLAKE, CORP.

FILED May 13, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: C/O ROTH, ROUSSO & KATSMAN, LLP ROTH, ROUSSO & KATSMAN, LLP 18851 NE 29TH AVENUE, STE 900 18851 NE 29TH AVENUE, STÉ 900 AVENTURA, FL 33180 AVENTURA, FL 33180 New Mailing Address: **Current Mailing Address:** C/O ROTH, ROUSSO & KATSMAN, LLP ROTH, ROUSSO & KATSMAN, LLP 18851 NE 29TH AVENUE, STE 900 18851 NE 29TH AVENUE, STÉ 900 AVENTURA, FL 33180 AVENTURA, FL 33180 FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: ROTH, LEONARDO A ESQ ROTH, LEONARDO A ESQ. C/O ROTH, ROUSSO & KATSMAN, LLP ROTH, ROUSSO & KATSMAN, LLP 18851 NE 29TH AVENUE, STE 900 18851 NE 29TH AVENUE, STE 900 AVENTURA, FL 33180 ÚS AVENTURA, FL 33180 ÚS 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: LEONARDO ROTH 05/13/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition KORNBLUTH, TSVI Name: Name: 18851 NE 29TH AVENUE, STE 900 Address: Address: City-St-Zip: AVENTURA, FL 33180 City-St-Zip: DV Title: Title: () Delete () Change () Addition KORNBLUTH, GIDEON Name: Name: 18851 NE 29TH AVENUE, STE 900 Address: Address: AVENTURA, FL 33180 City-St-Zip: City-St-Zip: Title: Title: DS () Delete () Change () Addition NEHMAD, RUTH Name: Name: 18851 NE 29TH AVENUE, STE 900 Address: Address:

I hereby certify that the information supplied with this filing does not qualify 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: KORNBLUTH, GIDEON DV 05/13/2007