## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000092412

Entity Name: JAD SKYLAKE, INC

City-St-Zip:

AVENTURA, FL 33180

FILED Apr 29, 2009 Secretary of State

Littly Nai	ille. JAD SKI	LARL, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
18851 NE 29TH AVE., SUITE 900 AVENTURA, FL 33180			18851 NE 29TH AVE	18851 NE 29TH AVE., SUITE	
			402	402	
			AVENTURA, FL 33180	J	
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
18851 NE 402	29TH AVE.,				
	RA, FL 33180	US			
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	Name and Address of New Registered Agent:	
18851 NE	ONARDO A ES 29TH AVE., SU RA, FL 33180				
The above in the State	named entity see of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:				
	Electror	ic Signature of Registered Ag	ent	Date	
Election Car	npaign Financine	g Trust Fund Contribution ( ).			
		,			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title:		Delete	Title:	( ) Change ( ) Addition	
Name:	TAOUTAH, ALB		Name:		
Address:		AVE., SUITE 900	Address:		
City-St-Zip:	AVENTURA, FL	33180	City-St-Zip:		
Title:	VSD ()	Delete	Title:	( ) Change ( ) Addition	
Name:	ABAD, JOSEPH	ł	Name:		
Address:		ł AVE., SUITE 900	Address:		
City-St-Zip:	AVENTURA, FL	33180	City-St-Zip:		
Title:	DSTD ()	Delete	Title:	( ) Change ( ) Addition	
Name:	ROMANO, DAN	IEL	Name:		
Address:	18851 NE 29TH	I AVE., SUITE 900	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: ALBERT TAOUTAH PTD 04/29/2009