

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000111591

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: SKYWAY INTERNATIONAL LLC

**Current Principal Place of Business:**

1111 KANE CONCOURSE  
518  
BAY HARBOUR ISLAND, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1111 KANE CONCOURSE  
518  
BAY HARBOUR ISLAND, FL 33154

**New Mailing Address:**

FEI Number: 20-3866265      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TECHNOCON INTERNATIONAL, INC  
231 - 174 STREET  
2417  
SUNNY ISLES, FL 33160 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GRYAZNOV, GENNADY  
Address: 1111 KANE CONCOURSE #518  
City-St-Zip: BAY HARBOUR ISLAND, FL 33154

Title: MGRM ( ) Delete  
Name: GITMAN, JACOB  
Address: 16400 COLLINS AVE #841  
City-St-Zip: SUNNY ISLES, FL 33160

Title: MGRM ( ) Delete  
Name: GOLUBCHIK, ANATOLY  
Address: 900 PALISADE AVE. APT 2205  
City-St-Zip: FORT LEE, NJ 07024

Title: MGRM ( ) Delete  
Name: TRINCHER, VADIM  
Address: 721 5TH AVE. APT 45 AB  
City-St-Zip: NEW YORK, NY 10022

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JACOB GITMAN

MGRM

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date