

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001025

**Entity Name:** PROJECT SKYLIGHT, INC.

**Current Principal Place of Business:**

102 NE 2ND STREET  
# 316  
BOCA RATON, FL 33432

**Current Mailing Address:**

102 NE 2ND STREET  
# 316  
BOCA RATON, FL 33432

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

MOSES, JUDY  
102 NE 2ND STREET  
# 316  
BOCA RATON, FL 33432 US

*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

**Officer/Director Detail :**

Title PD  
Name WEISSMAN, ARTHUR  
Address 102 NE 2ND STREET # 316  
City-State-Zip: BOCA RATON FL 33432

Title VPD  
Name BROWN, ED  
Address 102 NE 2ND STREET # 316  
City-State-Zip: BOCA RATON FL 33432

Title TSD  
Name BREJT, ABRAHAM  
Address 102 NE 2ND STREET # 316  
City-State-Zip: BOCA RATON FL 33432

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ABRAHAM BREJT

SEC

04/27/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date