

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000021188

**Entity Name:** NEW SKY GROUP INC.

**Current Principal Place of Business:**

C/O JOSE A RODRIGUEZ, ESQ  
100 SE 2ND STREET, SUITE 2900  
MIAMI, FL 33131

**Current Mailing Address:**

C/O JOSE A RODRIGUEZ, ESQ  
100 SE 2ND STREET, SUITE 2900  
MIAMI, FL 33131

**FEI Number:** 65-1083039

**Certificate of Status Desired:** No

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

RODRIGUEZ, JOSE A  
100 SE 2ND STREET, SUITE 2900  
MIAMI, FL 33131 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 DPT  
Name REMONDA, CELIA MARIA  
Address 100 SE 2ND STREET, SUITE 2900  
City-State-Zip: MIAMI FL 33131

Title VS  
Name MOYANO, FRANCISCO J  
Address 100 SE 2ND STREET, SUITE 2900  
City-State-Zip: MIAMI FL 33131

Title DVP  
Name REMONDA, CAROLINA D  
Address 100 SE 2ND STREET, SUITE 2900  
City-State-Zip: MIAMI FL 33131

Title DVP  
Name REMONDA, MARIANA D  
Address 100 SE 2ND STREET, SUITE 2900  
City-State-Zip: MIAMI FL 33131

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

**SIGNATURE:** CELIA MARIA REMONDA

P

03/05/2015

Electronic Signature of Signing Officer/Director Detail

Date