SIGNATURE: LUIS G GOMEZ

above, or on an attachment with all other like empowered.

Electronic Signature of Signing Officer/Director Detail

D

CASTILLO B., ALVARO 1390 BRICKELL AVE STE 200 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:

Officer/Director Detail :			
Title	D	Title	D
Name	GOMEZ, LUIS G	Name	PEREZ, DORIS G
Address	1549 BREAK WATER TERRACE	Address	1549 BREAK WATER TERRACE
City-State-Zip:	HOLLYWOOD FL 33019	City-State-Zip:	HOLLYWOOD FL 33019

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P0500002311

Entity Name: 2004 SKYLINE, INC.

Current Principal Place of Business:

3301 NE 183 STREET THE PENINSULA II APT 1705 AVENTURA, FL 33160

Current Mailing Address:

1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131

FEI Number: 01-0833629

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

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

Certificate of Status Desired: No

04/21/2016

FILED Apr 21, 2016 Secretary of State CC9391903327

Date