

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F03000002796

Entity Name: SKYSERVICES CORP.

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

4380 NW 128TH ST.  
OPA LOCKA, FL 330545124

**New Principal Place of Business:**

**Current Mailing Address:**

4380 NW 128TH ST.  
OPA LOCKA, FL 330545124

**New Mailing Address:**

FEI Number: 52-2212523

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CARDENAS, LEOPOLDO  
170 OCEAN LANE DR.  
APT. # 803  
KEY BISCAYNE, FL 33149 US

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

SUSANNA, TADDEI  
2333 BRICKELL AVENUE  
APT. # 2307  
MIAMI, FL 33129 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: SUSANNA TADDEI

02/17/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPS  
Name: CARDENAS, LEOPOLDO  
Address: 170 OCEAN LANE DR., APT. # 803  
City-St-Zip: KEY BISCAYNE, FL 33149

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: SUSANNA TADDEI

RA

02/17/2011

Electronic Signature of Signing Officer or Director

Date