

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000001940

FILED  
Jan 15, 2009  
Secretary of State

Entity Name: SKYMAR CAPITAL CORPORATION

**Current Principal Place of Business:**

95 MERRICK WAY  
SUITE 210  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

95 MERRICK WAY  
SUITE 210  
CORAL GABLES, FL 33134

**New Mailing Address:**

FEI Number: 65-0814158      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
WESTON, FL 33331      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CDP ( ) Delete  
Name: WOOD, STEVEN H  
Address: 1500 SAN REMO AVENUE, SUITE 295  
City-St-Zip: CORAL GABLES, FL 33146

Title: VPST ( ) Delete  
Name: SCULLY, ANN K  
Address: 1500 SAN REMO AVENUE, SUITE 295  
City-St-Zip: CORAL GABLES, FL 33146

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: CDP (X) Change ( ) Addition  
Name: WOOD, STEVEN H  
Address: 95 MERRICK WAY, #210  
City-St-Zip: CORAL GABLES, FL 33134

Title: VPST (X) Change ( ) Addition  
Name: SCULLY, ANN K  
Address: 95 MERRICK WAY, #210  
City-St-Zip: CORAL GABLES, FL 33134

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 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 an address, with all other like empowered.

SIGNATURE: ANN K SCULLY

VPST

01/15/2009

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date