
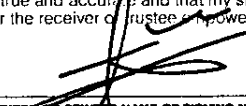


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State

04-12-2004 90024 015 ****50.00

DOCUMENT # L02000028500					
1. Entity Name SKYMEET LLC					
Principal Place of Business				Mailing Address	
2. Principal Place of Business 701 BRICKELL KEY DRIVE, #204				3. Mailing Address 701 BRICKELL KEY DRIVE, #204	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State MIAMI, FL				City & State MIAMI, FL	
Zip 33131		Country USA		4. FEI Number 020654867	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
A1A REGISTERED AGENT INC 92 SADBERRY ROAD QUINCY, FLORIDA 3351				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code MGRM	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOSE ARANA	NAME			
STREET ADDRESS	701 BRICKELL KEY DRIVE, #204	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALBERTO URIBE	NAME			
STREET ADDRESS	701 BRICKELL KEY DRIVE, #204	STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33131	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		JOSE ARANA		4/7/04 305 371 0017 Date Daytime Phone #	

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