2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000111591

1. Entity Name

SKYWAY INTERNATIONAL LLC

Principal Place of Business	Mailing Address
1111 KANE CONCOURSE 518 BAY HARBOUR ISLAND FL 33154	1111 KANE CONCOURSE 518 BAY HARBOUR ISLAND FL 33154

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-3866265 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TECHNOCON INTERNATIONAL, INC 231 - 174 STREET 2417 SUNNY ISLES FL 33160	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008, Fee Will Be $538.75
Make Check Payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GRYAZNOV, GENNADY 1111 KANE CONCOURSE #518 BAY HARBOUR ISLAND FL 33154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GITMAN, JACOB 16400 COLLINS AVE #841 SUNNY ISLES FL 33160	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000816680 02/14/08-80059-016 138.75 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GOLUBCHIK, ANATOLY 900 PALISADE AVE. APT 2205 FORT LEE NJ 07024	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM TRINCHER, VADIM 721 5TH AVE. APT 45 AB NEW YORK NY 10022	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Jacob Gitman MGRM 02/01/2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #