

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090149

FILED
Mar 20, 2008
Secretary of State

Entity Name: SKYKISS LLC

Current Principal Place of Business:

10945 SW 218TH TERRACE
CUTLER BAY, FL 33170

New Principal Place of Business:

Current Mailing Address:

10945 SW 218TH TERRACE
CUTLER BAY, FL 33170

New Mailing Address:

P O BOX 970316
MIAMI, FL 33197

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 323012960 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PHILLIPS, FRANK
Address: 10945 SW 218TH TERRACE
City-St-Zip: CUTLER BAY, FL 33170

Title: MGRM (X) Delete
Name: ALABI, TOSIN PONLE
Address: 15A FRANCIS OREMEJI
City-St-Zip: IKEJA, LAGOS NIGERIA,

Title: MGRM (X) Delete
Name: OKORO, TOYIN
Address: 15A FRANCIS OREMEJI
City-St-Zip: IKEJA, LAGOS NIGERIA,

Title: MGRM (X) Delete
Name: PHILLIPS, SOUNNIE O
Address: 15A FRANCIS OREMEJI
City-St-Zip: IKEJA, LAGOS NIGERIA,

Title: MGRM (X) Delete
Name: PHILLIPS, CECALIA M
Address: 15A FRANCIS OREMEJI
City-St-Zip: IKEJA, LAGOS NIGERIA,

Title: MGRM (X) Delete
Name: PHILLIPS, JOEL O
Address: 15A FRANCIS OREMEJI
City-St-Zip: IKEJA, LAGOS NIGERIA,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 is true and accurate and that my electronic 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: FRANK M PHILLIPS

MR.

03/20/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date