

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41084

Entity Name: SKYPARTS INC.

FILED  
Jan 21, 2005  
Secretary of State

## Current Principal Place of Business:

2121 PONCE DE LEON BLVD.  
SUITE 850  
CORAL GABLES, FL 33134 US

## New Principal Place of Business:

1204 PLACETAS AVENUE  
CORAL GABLES, FL 33146 US

## Current Mailing Address:

2121 PONCE DE LEON BLVD.  
SUITE 850  
CORAL GABLES, FL 33134 US

## New Mailing Address:

1204 PLACETAS AVENUE  
CORAL GABLES, FL 33146 US

FEI Number: 65-0165512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RIVAS, JOSE F AGENT  
1204 PLACETAS AVENUE  
CORAL GABLES, FL 33146 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: DP ( ) Delete  
Name: RIVAS, JOSE F  
Address: 2121 PONCE DE LEON BLVD., SUITE 850  
City-St-Zip: CORAL GABLES, FL 33134 US

Title: S ( ) Delete  
Name: RIVAS, CRISTINA  
Address: 2121 PONCE DE LEON BLVD., SUITE 850  
City-St-Zip: CORAL GABLES, FL 33134 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: RIVAS, JOSE F  
Address: 1204 PLACETAS AVENUE  
City-St-Zip: CORAL GABLES, FL 33146 US

Title: S (X) Change ( ) Addition  
Name: RIVAS, CRISTINA  
Address: 1204 PLACETAS AVENUE  
City-St-Zip: CORAL GABLES, FL 33146 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JOSE FELIX RIVAS

DP

01/21/2005

Electronic Signature of Signing Officer or Director

Date