## LLC

## 2002 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 1. 29900004037

FILED Mar 25, 2003 8:00 A.M. Secretary of State

Daytime Phone #

DNLY CLEAR SKIES LLC.

				· · · · · · ·		
	DO NOT WRITE	IN THIS SI	PACE			
2. Principal F	Place of Business	3. Mailing Address		-		
1/205 SW 88 ST		1/205 SW 88 ST				
Suite, Apt. #, etc <del>.</del> 5 7 E - A 1/2		Suite, Apt. #, etc. S 7 E A / / 2		DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Number	Applied For	
MID	ms FL			65-0933378	Not Applicable	
33176	Country MJAMJ-DADE	33/76	MIDMI-DOOF		8.75 Additional see Required	
		and the second		7. Name and Address of Current Registered A	Agent	
DO NOT WOITE			Name 401	YOLANDA GUTTERREZ		
DO NOT WRITE			Street Address (P.O. Box Number is Not Acceptable) //2-05 SW 88 ST 57E A 1/2		1/2	
•	IN THIS SPA	ACE	7700	73 350 08 77 376 7		
		•	City	o <i>at</i> FL	Zio Code/	
		<u> </u>	City MTE		33976	
8. The above	named entity submits this statement for	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida.		
	* Valoude VIII					
SIGNATURE	Signatury typed or printed name placegistered ages and	o title if applicable. (NOT	E: Registered Agent signature require	d when reinstating) DATE		
9. This corne	pration is eligible to satisfy its Intangible	January 1 - M	lay 1 Fee is \$150.00 (	6.00		
Tax filing requirement and elects to do so.			1, Fee is \$550.00 d UBR is \$61.25	10. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	
(See crite	ria on back)		le to Department of St		Added to 1 ccs	
11.	OFFICERS AND D	DIRECTORS				
TITLE NAME	DIRBCTOR SINTTERPEZ	٠	TITLE NAME			
STREET ADDRESS	YOLAND GUTTERREZ 11205 SW 88 ST STE All2		STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33/76		CITY-ST-ZIP			
TITLE			TITLE			
NAME			NAME	<b>300014850</b> ; 03/27/0301036014	253	
STREET ADDRESS CITY-ST-ZIP	SS		STREET ADDRESS CITY-ST-ZIP			
<del></del>			TITLE			
TITLE - NAME	·		NAME:			
STREET ADDRESS		<del>-</del>	STREET ADDRESS	DO NOT WOIT	* <b>C</b>	
CITY-ST-ZIP			CITY-ST-ZIP	DO NOT WRIT	<b>E</b>	
TITLE			TITLE	IN THIS SPAC	E	
NAME			NAME	517.6		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
TITLE	<del>                                     </del>		TITLE			
NAME			NAME	,	İ	
STREET ADDRESS			STREET ADDRESS		1	
CITY-ST-ZIP		<del></del>	CITY-ST-ZIP	-		
TITLE			TITLE			
NAME STREET ADDRESS		•	NAME STREET ADDRESS			
CITY-ST-ZIP		•	CITY-ST-ZIP			
	pertify that the information supplied with t	his filing does not qualify for	_ <b></b>	ection 119.07(3)(i), Florida Statutes. I further certify	that the information	
indicated	on this report or supplemental report is t	rue and accurate and that r	ny signature shall have the	same legal effect as if made under oath; that I am 507, Florida Statutes; and that my name appears in	an officer or director	