

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90053 001 ***150.00

DOCUMENT # M38454

1. Entity Name

SOUTHERN SKYWAY PROPERTY, INC.



Principal Place of Business

C/O GEORGE GOLDBLOOM
801 S. BAYSHORE DR., BOX 8
MIAMI FL 33134

Mailing Address

C/O GEORGE GOLDBLOOM
801 S. BAYSHORE DR., BOX 8
MIAMI FL 33134

2. Principal Place of Business

SOUTHERN SKYWAY PROP

3. Mailing Address

SOUTHERN SKYWAY PROPR INC

Suite, Apt. #, etc.

201 Alhambra Cir #514

Suite, Apt. #, etc.

201 Alhambra Cir #514

City & State

Coral Gables, Florida

City & State

Coral Gables, Florida

Zip
33134

Country

Zip
33134

Country

MOORE

CR2E034 (11/03)

4. FEI Number

59-2740112

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GOLDBLOOM, GEORGE
801 S. BAYSHORE DR., BOX 8
MIAMI FL 33131

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DP
GOLDBLOOM GEORGE
801 S. B.SHORE DR., BX 8
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GOLDBLOOM, GARY M
801 S. BAYSHORE DR. BOX 8
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

George Goldbloom GEORGE GOLDBLOOM

4/19/04 305 446-8188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #