

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 04, 2006 8:00 am**  
**Secretary of State**

04-04-2006 90141 038 \*\*\*150.00

**DOCUMENT # M38454**

1. Entity Name

SOUTHERN SKYWAY PROPERTY, INC.



Principal Place of Business

SOUTHERN SKYWAY PROP.  
201 ALHAMBRA CIR, #514  
CORAL GABLES FL 33134

Mailing Address

SOUTHERN SKYWAY PROP.  
201 ALHAMBRA CIR, #514  
CORAL GABLES FL 33134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

GOLDBLOOM, GEORGE  
201 ALHAMBRA CIRCLE  
SUITE 541  
CORAL GABLES FL 33134

Name

GARY M. GOLDBLOOM

Street Address (P.O. Box Number is Not Acceptable)

201 Alhambra Circle

Suite 514

City

Coral Gables

FL

Zip Code  
33134

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 re-registering)

DATE

27 MAR 06

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2006 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 DP ☒ Delete  
NAME GOLDBLOOM GEORGE  
STREET ADDRESS 801 S. B.SHORE DR., BX 8  
CITY-ST-ZIP MIAMI FL

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE DP ☐ Change ☒ Addition  
NAME EVELYN GOLDBLOOM  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 514  
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE ☒ Change ☐ Addition  
NAME GARY GOLDBLOOM  
STREET ADDRESS 201 ALHAMBRA CIRCLE, SUITE 514  
CITY-ST-ZIP CORAL GABLES, FL 33134

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

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

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

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GARY M. GOLDBLOOM

4/3/06

305 446-8188

Date

Daytime Phone #