


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2004 8:00 am
Secretary of State

03-03-2004 90151 009 ****50.00

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|---|--|---------------------|--|---|---|
| DOCUMENT # M97000000068 1. Entity Name SKY LATIN AMERICA, LLC | | | |  | |
| Principal Place of Business 14817 OAK LANE MIAMI LAKES, FL 33016 | | | Mailing Address 14817 OAK LANE MIAMI LAKES, FL 33016 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | | Country | | Zip | |
| | | | | | |
| 6. Name and Address of Current Registered Agent CORPWIZ REGISTERED AGENTS, INC 8300 NW 53 STREET, SUITE 308 MIAMI, FL 33166 | | | | 7. Name and Address of New Registered Agent Name CorpWiz Registered Agents, Inc. Street Address (P.O. Box Number is Not Acceptable) 8750 NW 36 Street Suite 220 City Miami FL Zip Code 33178 | |
| 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 <u><i>Janna Imago</i></u> Janna Imago, Vice President <u>2/20/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2004 | | | Make check payable to Florida Department of State | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SKY LATIN AMERICAN PARTNERS 14817 OAK LANE HIALEAH, FL 33016 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SKY LATIN AMERICA PARTNERS 14750 NW 77TH COURT, SUITE 220 MIAMI LAKES, FL 33016 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 11. 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 is true and accurate and that my 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: <u><i>Janna Imago</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <u>2/23/04</u> <small>Date</small> | | <u>305-816-5000</u> <small>Daytime Phone #</small> |