


2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90052 009 ***158.75

DOCUMENT # P00000048210 1. Entity Name SKY INVESTMENTS OF SOUTH FLORIDA, INC.	
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Principal Place of Business 14600 SW 136 ST MIAMI, FL 33186 US	Mailing Address 111 S.W. 3RD STREET SIXTH FLOOR MIAMI, FL 33130 US
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DO NOT WRITE IN THIS SPACE



02212005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1008358	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRIS, ELLIOTT
111 S.W. 3RD STREET, 6TH FLOOR
MIAMI, FL 33130

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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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GARCIA-CARRILLO, PEDRO 14600 SW 136 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GARCIA-CARRILLO, MARIA 14600 SW 136 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRIS, ELLIOTT 111 S.W. 3RD STREET SIXTH FLOOR MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **Elliott Harris March 25, 2005 (305)3580146**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #