

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90092 005 ***150.00

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1. Entity Name
SKY TELECOMMUNICATIONS OF FLORIDA, INC.



Principal Place of Business
4900 W. HWY, 192, SUITE 103
KISSIMMEE, FL 34746

Mailing Address
4900 W. HWY, 192, SUITE 103
KISSIMMEE, FL 34746

40002922



01122007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3741156

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PATEL, KUNAL
4900 W. HWY, 192, SUITE 103
KISSIMMEE, FL 34746

**DO NOT WRITE
IN THIS SPACE**

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

01/06/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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
D
PATEL, KUNAL
4900 W. HWY, 192, SUITE 103
KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
PATEL, JAYESH
4900 W. HWY, 192, SUITE 103
KISSIMMEE, FL 34746

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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

01/06/07
Date

407-396-7266
Daytime Phone #