


FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90205 036 ***150.00

**FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000001388**
 1. Entity Name
SKYBLUE INTERNATIONAL INC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
600 NE 36TH STREET
 Suite, Apt. #, etc.
1622
 City & State
MIAMI, FL 33137

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country
33137 DADE

DO NOT WRITE IN THIS SPACE

4. FEI Number
04-3643180

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
KLEIMAN, DIEGO
 Street Address (P.O. Box Number is Not Acceptable)
600 NE 36TH STREET
214
 City
MIAMI FL Zip Code
33137

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 **X [Signature]**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
 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	P.D. KLEIMAN, DIEGO 600 NE 36TH STREET #214 MIAMI, FL 33137	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. KLEIMAN, TATIANA P. BELTRÃO 600 NE 36TH STREET #214 MIAMI, FL 33137	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)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **X [Signature]** **5/9/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)