

2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVE.

AND

06-28-2006 90002 023 ***150.00

P02000010902

06 AUG - 7 AM 8:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000010902

1. Entity Name
SKYEXPRESS CORP.



Principal Place of Business

6410 N.W. 82 AVE.
MIAMI, FL 33178

Mailing Address

692 WEST 29 ST
SUITE # 9
HIALEAH, FL 33012

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

06012006

Chg-P

CR2E034 (11/05)

4. FEI Number

94-3416469

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CISNEROS, ALDO A
10755 SW 40 TERRACE
MIAMI, FL 33165

7. Name and Address of New Registered Agent

Name Regalado Reynaldo
Street Address (P.O. Box Number is Not Acceptable)
6410 NW 82 W
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

(Signature, typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when renewing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CISNEROS, ALDO A ☒ Delete
STREET ADDRESS 10755 SW 40 TERRACE
CITY-ST-ZIP MIAMI, FL 33165

TITLE VD
NAME ALDAVE, CARMEN J ☐ Delete
STREET ADDRESS 10065 N.W. 46 STREET, #203
CITY-ST-ZIP MIAMI, FL 33178

TITLE STD
NAME REGALADO, FERNANDO ☐ Delete
STREET ADDRESS 10065 N.W. 46 ST, #203
CITY-ST-ZIP MIAMI, FL 33178

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 PD Aldave Carmen J ☐ Change ☒ Addition
NAME
STREET ADDRESS 6410 NW 82 W
CITY-ST-ZIP Miami FL 33178

TITLE VD Regalado Fernando ☐ Change ☒ Addition
NAME
STREET ADDRESS 6410 NW 82 W
CITY-ST-ZIP Miami FL 33178

TITLE STD Regalado Reynaldo ☐ Change ☒ Addition
NAME
STREET ADDRESS 6410 NW 82 W
CITY-ST-ZIP Miami FL 33178

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 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/1/06

8/9/06