

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 16, 2007 8:00 am**  
**Secretary of State**

02-16-2007 90039 039 \*\*\*150.00

<b>DOCUMENT # P02000010902</b>					
<b>1. Entity Name</b> SKYEXPRESS CORP.					
<b>Principal Place of Business</b> 6410 N.W. 82 AVE. MIAMI, FL 33178			<b>Mailing Address</b> 692 WEST 29 ST SUITE # 9 HIALEAH, FL 33012		
<b>2. Principal Place of Business - No P.O. Box #</b> 6410 NW 82 Ave		<b>3. Mailing Address</b> 6410 NW 82 Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Miami FL		<b>City &amp; State</b> Miami FL		<b>4. FEI Number</b> 94-3416469	
<b>Zip</b> 33166		<b>Country</b> Dade		<b>Applied For</b> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
<b>6. Name and Address of Current Registered Agent</b> REYNOLDO, REGALADO 6410 N.W. 82 AVE. MIAMI, FL 33178			<b>7. Name and Address of New Registered Agent</b> Name: Reynaldo Regalado Street Address (P.O. Box Number is Not Acceptable): 6410 NW 82 Ave City: Miami FL Zip Code: 33178		
<b>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.</b> SIGNATURE:  DATE: 01-30-07					
(NOTE: Registered Agent signature required when reinstating)					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> ALDAVE, CARMEN J <b>STREET ADDRESS</b> 6410 N.W. 82 AVE. <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Reynaldo Regalado <b>NAME</b> 6410 NW 82 Ave <b>STREET ADDRESS</b> Miami FL 33178 (PD) <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> VD <b>NAME</b> FERNANDO, REGALADO <b>STREET ADDRESS</b> 6410 N.W. 82 AVE. <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Aldave Carmen J <b>NAME</b> 6410 NW 82 Ave <b>STREET ADDRESS</b> Miami FL 33178 (VD) <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> STD <b>NAME</b> REINALDO, REGALADO <b>STREET ADDRESS</b> 6410 N.W. 82 AVE. <b>CITY-ST-ZIP</b> MIAMI, FL 33178	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Fernando Regalado <b>NAME</b> 6410 NW 82 Ave <b>STREET ADDRESS</b> Miami FL 33178 (STD) <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b>			01-30-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		