


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000039321 1. Entity Name SKY ENDO TECHNOLOGIES, INC.	
--	---

Principal Place of Business 815 NORTH HOMESTEAD BLVD 231 HOMESTEAD, FL 33030	Mailing Address 815 NORTH HOMESTEAD BLVD 231 HOMESTEAD, FL 33030
---	---

DO NOT WRITE IN THIS SPACE



03132004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1090624	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent

TURNER, CHARLES R
28600 SW 132 AVE
LOT 12
HOMESTEAD, FL 33033

**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  3/23/04
Signature and or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 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	CEO TORRES, JOSE 1022 ADAMS AVE APT 6 HOMESTEAD, FL 33034
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SCHEINHOFF, BRIAN 8440 SW 107TH AVE #104 MIAMI, FL 33173
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	

U00000038430
03/29/04-80040-013 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  3/23/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Typed Name)