

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 02, 2003 8:00 am
Secretary of State

5/5

05-05-2003 91759 001 ***150.00

DOCUMENT # P02000039321

1. Entity Name
SKY ENDO TECHNOLOGIES, INC.



Principal Place of Business
30370 OLD DIXIE HIGHWAY
202
HOMESTEAD FL 33033

Mailing Address
30370 OLD DIXIE HIGHWAY
202
HOMESTEAD FL 33033

2. Principal Place of Business
815 North Homestead Blvd.
Suite, Apt. #, etc.
#231

3. Mailing Address
815 North Homestead Blvd.
Suite, Apt. #, etc.
#231

City & State
Homestead, FL

City & State
Homestead, FL

Zip
33030

Country
U.S.A.

Zip
33030

Country
U.S.A.

CHECK HERE IF MAKING CHANGES

4. FEI Number
65-109624

Applied For
Not Applicable

5. Certificate of Status Desired \$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

7. Name and Address of New Registered Agent

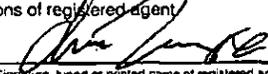
Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL Zip Code

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  DATE 4/2/03

Signature, typed 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, 2003 Fee will be \$550.00
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	Jose Torres, CEO	<input type="checkbox"/> Delete
NAME	1022 Adams Ave. Apt. L	
STREET ADDRESS	Homestead, FL 33034	
CITY-ST-ZIP		
TITLE	Vice-President	<input type="checkbox"/> Delete
NAME	Brian Scheinhoff	
STREET ADDRESS	8440 SW 107th Ave. #104	
CITY-ST-ZIP	Miami, FL 33173	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  DATE 4-30-03 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

00040041



CR2E034 (10/02)