

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 011 ***158.75

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1. Entity Name
SKYB CORP.



Principal Place of Business
3315 S.W. 97TH AVENUE
MIAMI FL 33165

Mailing Address
3315 S.W. 97TH AVENUE
MIAMI FL 33165



2. Principal Place of Business - No P.O. Box #
3300 NW 54th St
Suite, Apt. #, etc.

3. Mailing Address
8443 SW 144 CT
Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
MIAMI FL.
Zip
33147
Country
DADE

City & State
MIAMI FL.
Zip
33183
Country
DADE

4. FEI Number 30-0113826
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BLASCO, MERIDA
3315 SW 97TH AVE
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name
BLASCO MERIDA
Street Address (P.O. Box Number is Not Acceptable)
8443 SW 144 CT
City
MIAMI FL Zip Code
33183

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 *Menda Blasco*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/3/07

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	BLASCO, MERIDA	3315 S.W. 97TH AVENUE	MIAMI FL 33165	<input type="checkbox"/>
		8443 SW 144 CT	MIAMI FL 33183	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Menda Blasco*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/07 305-388-0903
Date Daytime Phone #