
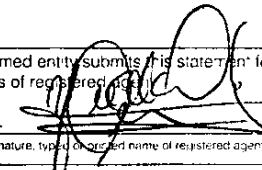
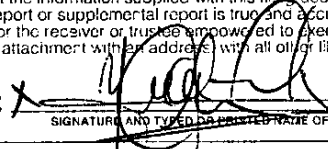


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90099 046 \*\*\*150.00

<b>DOCUMENT # P02000115241</b> 1. Entity Name <b>MSKY INVESTMENT PROPERTIES, INC.</b>					
Principal Place of Business <b>19421 NW 6TH ST.</b> <b>PEMBROKE PINES, FL 33029</b>			Mailing Address <b>19421 NW 6TH ST.</b> <b>PEMBROKE PINES, FL 33029</b>		
2. Principal Place of Business <b>2216 QUAIL ROOST DR</b>		3. Mailing Address <b>2216 QUAIL ROOST DR</b>			
Suite, Apt. #, etc. _____		Suite, Apt. #, etc. _____			
City & State <b>WESTON FL</b>		City & State <b>WESTON FL</b>		4. FEI Number <b>75-3086835</b>	
Zip <b>33327</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33327</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>YEUNG, YUK SUM</b> <b>19421 NW 6TH ST.</b> <b>PEMBROKE PINES, FL 33029</b>			7. Name and Address of New Registered Agent  Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ <b>2216 QUAIL ROOST DR</b> City <b>WESTON</b> <b>FL</b> Zip Code <b>33327</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.					
SIGNATURE 			DATE <b>7/13/05</b>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 7, 2005</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YEUNG, YUK SUM 19421 NW 6TH ST. PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMEN, MARIA D 19421 NW 6TH ST. PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALAN, SANTIAGO 19421 NW 6TH ST. PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHENG, KAM FUNG 19421 NW 6TH ST. PEMBROKE PINES, FL 33029	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <b>7/13/05</b> (954) 385 8908		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50057354**



07132005 Chg-P CR2E034 (10/03)

ATTACHMENT

50057354

July 13, 2005

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

DOC. P02000115241

NEW ADDRESS: 2216 QUAIL ROOST DR.  
WESTON FL 33327

To Whom It May Concern:

This letter is in regards to the corporation annual report for the year 2005, according to our records we never received an annual report for our corporation. We are filled out blank report to your department because we never received the original report. Please accept our apologies and accept this 150.00 filing-fee. We never meant to send the report late, if we would have received the report, we would have sent it on time. We apologize any inconvenience this may have caused.

If you have any questions please feel free to contact me at (305) 541-3980.

Sincerely,

PRESIDENT