## 2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

## Apr 29, 2004 08:00 AM Secretary of State DOCUMENT # P02000135120 SKYLER BUSINESS SERVICE INC. Principal Place of Business Mailing Address 4811 GEORGIA AVENUE 4811 GEORGIA AVENUE WEST PALM BEACH, FL 33405 WEST PALM BEACH, FL 33405 04132004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 92-0188601 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent VICTOR, COLON M SR. DO NOT WRITE 385 LINDA LANE WEST PALM BEACH IN THIS SPACE FLORIDA, FL 33405 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature regulard when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ROMERO, JOHNNY G SR STREET ADDRESS 965 MANOR DRIVE #37A CITY-ST-ZIP LAKE WORTH, FL 33405 NDDOOD138936 04/29/04-80099-019 158.75 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby 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 impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee impowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in the corporation of the receiver of trustee impowered to execute the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of the corporation of the receiver of the corporation of changed, or on an attachme

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

E OF SIGNING OFFICER OR DIRECTOR

**FILED**