## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000006133

Entity Name: SKY WORLD DISTRIBUTION, INC.

FILED Apr 19, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2240 N.W. 87 AVENUE 7715 NORTHWEST 46TH ST

S-633 #8A

MIAMI, FL 33172 MIAMI, FL 33166 54

Current Mailing Address: New Mailing Address:

2240 N.W. 87 AVENUE P.O.BOX 020010 S-633 S-633

MIAMI, FL 33172 MIAMI, FL 33102

FEI Number: 16-1649113 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MONAHAM-MIJARES CPA P.A. 4000 PONCE DE LEON BLVD SUITE 470, OFICCE # 5 CORAL GABLES, FL 33146 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 CIPOLLETTI, MARIA T
 Name:
 CIPOLLETTI, MARIA T

 Address:
 S-633 2240 N.W. 87TH AVENUE
 Address:
 7715 NORTHWEST 46TH ST #8A

Address: S-633 2240 N.W. 87TH AVENUE Address: 7715 NORTHWEST 46TH ST #8A City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33166

 Title:
 SD () Delete
 Title:
 SD (X) Change () Addition

 Name:
 MASTRODOMENICO, LUIS E
 Name:
 MASTRODOMENICO, LUIS E

 Address:
 S-633 2240 N.W. 87TH AVENUE
 Address:
 7715 NORTHWEST 46TH ST #8A

City-St-Zip: MIAMI, FL 33172 City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUISMASTRODOMENICO SD 04/19/2007