

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000006133

Entity Name: SKY WORLD DISTRIBUTION, INC.

FILED
Apr 28, 2009
Secretary of State

Current Principal Place of Business:

7715 NORTHWEST 46TH ST
#8A
MIAMI, FL 33166 54

Current Mailing Address:

P.O.BOX 020010
S-633
MIAMI, FL 33102

New Principal Place of Business:

7715 NORTHWEST 46TH ST
#8A
DORAL, FL 33166

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MONAHAM-MIJARES CPA P.A.
2519 GALIANO ST
SUITE 703
CORAL GABLES, FL 33134 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: RONALD MONAHAN CPA

04/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CIPOLLETTI, MARIA T
Address: 7715 NORTHWEST 46TH ST #8A
City-St-Zip: MIAMI, FL 33166

Title: SD () Delete
Name: MASTRODOMENICO, LUIS E
Address: 7715 NORTHWEST 46TH ST #8A
City-St-Zip: MIAMI, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CIPOLLETTI, MARIA T
Address: 7715 NORTHWEST 46TH ST #8A
City-St-Zip: DORAL, FL 33166

Title: VP (X) Change () Addition
Name: MASTRODOMENICO, LUIS E
Address: 7715 NORTHWEST 46TH ST #8A
City-St-Zip: DORAL, FL 33166

I hereby certify that the information supplied with this filing does not qualify 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: LUIS MASTRODOMENICO

VP

04/28/2009

Electronic Signature of Signing Officer or Director

Date