

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000006133

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** SKY WORLD DISTRIBUTION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**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.  
2519 GALIANO ST  
SUITE 703,  
CORAL GABLES, FL 33134 US

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

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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** LUIS MASTRODOMENICO

VP

04/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date