


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
Sep 12, 2005 08:00 AM  
Secretary of State

**DOCUMENT # P03000030435**

1. Entity Name  
SKYLIGHT TECHNOLOGIES, INC.



Principal Place of Business 13251 SW 131 ST MIAMI, FL 33186	Mailing Address 13251 SW 131 ST MIAMI, FL 33186
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**DO NOT WRITE IN THIS SPACE**



07112005 No Chg-P CR2E034 (10/03)

4. FEI Number 33-1049073	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

TORRES, ELSA SARA  
13251 SW 131 ST  
MIAMI, FL 33186

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D TORRES, ELSA SARA 13251 SW 131 ST MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D TORRES, WILGENS 13251 S.W. 131 ST. MIAMI, FL 33186
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09/12/05-80001-004.158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**  **7-12-05 305 233-8814**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #