


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2004 8:00 am
Secretary of State

09-15-2004 90002 013 ***158.75

DOCUMENT # P03000041511	
1. Entity Name SKY IS THE LIMIT COMMUNITY DEVELOPMENT, INC.	

Principal Place of Business 3600 S-STAT ROAD 7 MIRAMAR, FL 33023	Mailing Address 3600 S-STAT ROAD 7 MIRAMAR, FL 33023
--	--

54072987



2. Principal Place of Business 511 NW 153rd ST.	3. Mailing Address 511 NW 153rd ST.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

09132004 Chg-P CR2E034 (10/03)

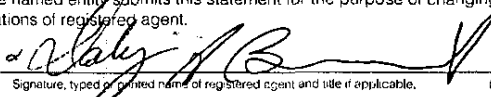
City & State Miami FL	City & State Miami FL
Zip 33169	Country USA

4. FEI Number 20-0021787	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent BERROUET, MARLON 3600 S-STAT ROAD 7 MIRAMAR, FL 33023

7. Name and Address of New Registered Agent Name DALY A. BERROUET Street Address (P.O. Box Number is Not Acceptable) 511 NW 153rd ST. City Miami FL Zip Code 33169
--

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 	DALY A. BERROUET 9/13/04 DATE

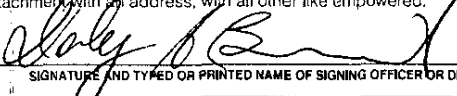
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD BERROUET, MARLON 17210 NW 64 AVE MIAMI, FL 33015 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERROUET, EMMANUEL 17210 NW 64 AVE MIAMI, FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORLEUS, MADELAINE 17210 NW 64 AVE MIAMI, FL 33015 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERROUET, EMMANUEL 511 NW 153rd ST. Miami FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORLEUS, MADELAINE 511 NW 153rd ST. Miami FL 33015 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD BERROUET, DALY A 511 NW 153rd ST Miami FL 33169 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby 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 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: 	DALY A. BERROUET 9/13/04 305-685-1637 Date Daytime Phone #