


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000041511 1. Entity Name SKY IS THE LIMIT COMMUNITY DEVELOPMENT, INC.	
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Principal Place of Business 511 NW 153RD ST MIAMI, FL 33169	Mailing Address 511 NW 153RD ST MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0021787	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BERROUET, DALY A 511 NW 153RD SSST MIAMI, FL 33169
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**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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BERROUET, EMMANUEL 511 NW 153RD ST MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORLEUS, MADELAINE 511 NW 153RD ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BERROUET, DALY A 511 NW 153RD ST MIAMI, FL 33169
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CHARLES, MARIE R 8800 NW 7TH ST. PEMBROKE PINES, FL 33024
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000561734
05/19/06-80026-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4-28-06 <small>Date</small>	 <small>Daytime Phone #</small>
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