2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Aug 02, 2004 8:00 am Secretary of State DOCUMENT # P03000089686 08-02-2004 90016 040 ***163.95 1. Entity Name MERCADES SKYE ENTERPRISES, INC. Principal Place of Business Mailing Address 44051361 8515 BAY SHORE ROAD #114 PO BOX 566 PALMETTO FL 34221 **ELLENTON FL 34222** 2. Principal Place of Business 12938 Fenn Station Ct. 3. Mailing Address Kenn Station Ct 12938 12938 Suite, Apt. #, etc. MOORE CR2E034 (4/04) City & State City & State OKLANDO 4. FEI Number Applied For 03-0525720 LANDO Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAWRENCE HABER, LAWRENCE H ESQ. 606 FRONT STREET CELEBRATION FL 34747-0171 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 reinstating) FILE NOW!!! FEE IS \$550.00 S.607.193(2)(b), F.S., allows for the warron or the late fee. By checking this box, the corporation certifies it. 9. Election Campaign Financing \$5.00 May Be DUE BY September 8, 2004 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State did not receive prior notice. Fee to file is \$150.00. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 11 DIRECTOR / TREASURER Change Add OFFICERS AND DIRECTORS Delete TITLE TITLE Smith Ciny Lee 12938 Penn Station CT #101 SMITH, CINDY NAME NAME STREET AODRESS 8515 BAY SHORE ROAD #114 STREET ADDRESS ORLANGO FL 32821 PALMETTO FL 34221 CITY-ST-ZIP CITY-ST-7IP PRESIDENT ☐ Change TITLE Delete TITLE Addition. Smith, Kenneth DALE NAME 12938 Penn STATION CT #101 OFLANDO, FL 32821 Vice President Do STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition TITLE TITLE Hilliker, Jeffrey 184 Huntig Pine DR. Ocoee FE. 34761 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Secre tary ☐ Change Addition TITLE ☐ Delete TITLE ROBI SON KARLA #13 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 34221 ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

941-720-180