

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000150670

Entity Name: SKYLAB COMMUNICATIONS, INC.

FILED
Apr 02, 2008
Secretary of State

Current Principal Place of Business:

5625 NW 109 AVE
SUITE 65
DORAL, FL 33178

New Principal Place of Business:

Current Mailing Address:

5625 NW 109 AVE
SUITE 65
DORAL, FL 33178

New Mailing Address:

FEI Number: 56-2422138

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARBELAEZ, JORGE E
5625NW 109AVE
APT 65
DORAL, FL 33178 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ARBELAEZ, JORGE E
Address: 5625 W 109 AVE APT 65
City-St-Zip: DORAL, FL 33178

Title: V () Delete
Name: CAMEJO, JOHUSEH L
Address: 5625 NW 109 AVE APT 65
City-St-Zip: DORAL, FL 33178

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JORGE E. ARBELAEZ

PD

04/02/2008

Electronic Signature of Signing Officer or Director

_____ Date