


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90317 016 ***150.00

DOCUMENT # P04000036054	
1. Entity Name SKYCENTER USA, INC.	

Principal Place of Business 12675 NW 9 WAY MIAMI, FL 33182	Mailing Address 12675 NW 9 WAY MIAMI, FL 33182
--	--

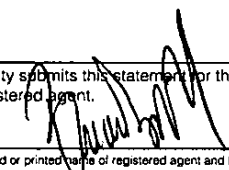
50025036



2. Principal Place of Business 5951 NW 151 ST.	3. Mailing Address 5951 NW 151 ST.
Suite, Apt. #, etc. # 34	Suite, Apt. #, etc. # 34
City & State miami Lakes, FL	City & State miami Lakes, FL
Zip 33014	Zip 33014
Country	Country

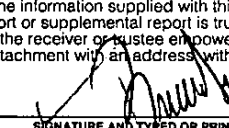
03052005 Chg-P CR2E034 (10/03)

4. FEI Number 20-0814527		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent DIAZ, BRIAN 12675 NW 9 WAY MIAMI, FL 33182		

7. Name and Address of New Registered Agent Name 5951 NW 151 ST # 34 City miami Lakes FL Zip Code 33014	
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 3/5/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5:00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIAZ, BRIAN 12675 NW 9 WAY MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition 11335 NW 75th #10 miami FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZANATTO, CARINA B 12675 NW 9 WAY MIAMI, FL 33182 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition 11335 NW 75th #10 miami, FL 33172.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 another like empowered.	
SIGNATURE: 	DATE 3/5/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	