2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000037371

1. Entity Name
SKYLINE 2 PACKAGE AND DELIVERY, INC.

Principal Place of Business	Mailing Address
632 MONTE VISTA WAY	632 MONTE VISTA WAY
WINTER GARDEN, FL 34787	WINTER GARDEN, FL 34787

DO NOT WRITE IN THIS SPACE

4U1UJ/4८

04192007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
20-0785032	Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BAIJNAUTH, KARMA
632 MONTE VISTA WAY
WINTER GARDEN, FL 34787

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	P
NAME	BAIJNAUTH, KARMA
STREET ADDRESS	632 MONTE VISTA WAY
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	VP
NAME	BAIJNAUTH, DOULATRAM
STREET ADDRESS	632 MONTE VISTA WAY
CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: K Bayh   K BAIJNAUTH   4/26/07   407-905-9675

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #