2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2005 8:00 am
Secretary of State
03-04-2005 90087 035 ***150.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000076555

1. Entity Name
SKYLINE DATA INC.

Principal Place of Business	Mailing Address
2301 W. SAMPLE RD. FT. LAUDERDALE FL 33066 US	2301 W. SAMPLE RD. FT. LAUDERDALE FL 33066 US

2. Principal Place of Business	3. Mailing Address
2301 W Sample	2301 W Sample
Suite, Apt. #, etc.: Bldg 5 Ste 7C	Suite, Apt. #, etc.: Bldg 5 Ste 7C
City & State: Pompano Bch FL	City & State: Pompano Bch FL
Zip: 33073 Country:	Zip: 33073 Country:

4. FEI Number: 20-1115514 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PEARLMAN, JASON P.A.
1500 N. FEDERAL HWY.
STE. 200
FT. LAUDERDALE FL 33304

7. Name and Address of New Registered Agent

Name: PERLMAN YEVOLI & ALBRIGHT, P.L.
Street Address (P.O. Box Number is Not Acceptable): 1500 N FEDERAL HWY SUITE 250
City: FT. LAUDERDALE FL Zip Code: 33304

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], Pres. DATE: 2/14/05

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	VSD KORBIN, M. JEFFREY 2301 W. SAMPLE RD. FT. LAUDERDALE FL 33066	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD COHEN, LAWRENCE 2301 W. SAMPLE RD. FT. LAUDERDALE FL 33066	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ 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 all other like empowered.

SIGNATURE: [signature] 1/31/05 954-971-2700

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