

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90059 040 ***150.00

DOCUMENT # P04000101302

1. Entity Name
SKY MEDIA GROUP, INC.



Principal Place of Business

1985 NW 88 CT
201
DORAL, FL 33178

Mailing Address

1985 NW 88 CT
201
DORAL, FL 33178

40037037



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip **33172**

Country

Zip **33172**

Country

03142007 Chg-P CR2E034 (12/06)

4. FEI Number
38-3704754

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PATRICIA, GOTTBERG
3541 VISTA CT
MIAMI, FL 33133

Name **Alexander Kochen**

Street Address (P.O. Box Number is Not Acceptable)

1985 NW 88th Court, Suite 201

City **Miami**

FL

Zip Code **33172**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME **PEREZ, GERMAN J**
STREET ADDRESS **15705 SW 89 AVE**
CITY-ST-ZIP **MIAMI, FL 33157**

TITLE **President** ☒ Change ☐ Addition
NAME **Perez, German J.**
STREET ADDRESS **1985 NW 88th Court, Suite 201**
CITY-ST-ZIP **Miami, FL 33172**

TITLE **VP** ☒ Delete
NAME **KOCHEN, ALEXANDER**
STREET ADDRESS **6400 NW 114 AVE. APT 1107**
CITY-ST-ZIP **MIAMI, FL 33178**

TITLE **Vice President** ☒ Change ☐ Addition
NAME **Kochen, Alexander**
STREET ADDRESS **3330 SW 195 Terrace**
CITY-ST-ZIP **MIRAMAR, FL 33029**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/07
Date

786-777-9407
Daytime Phone #