## 2005 FOR PROFIT CORPORATION REINSTATEMENT

## DOCUMENT# P04000120351

**Entity Name:** SKYCOM COMMUNICATIONS OF MIAMI, INC.

FILED Nov 14, 2005 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

**Current Principal Place of Business: New Principal Place of Business:** 

5401 COLLINS AVE #134 MIAMI BCH, FL 33140

**Current Mailing Address: New Mailing Address:** 

5401 COLLINS AVE #134 P.O. BOX 403555 MIAMI BCH, FL 33140 MIAMI BCH, FL 33140

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CARRILLO, CHARLIE CARRILLO, CHARLIE 5401 COLLINS AVE #134 5401 COLLÍNS AVE MIAMI BCH, FL 33140 SUITE 134 MIAMI BCH, FL 33140 US

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: CHARLIE CARRILLO 11/14/2005

> Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

( ) Delete Title: (X) Change ( ) Addition

Title: CARRILLO, CHARLIE CARRILLO, CHARLIE Name: Name: 5401 COLLINS AVE #134 5401 COLLINS AVE #134 Address: Address: City-St-Zip: MIAMI BCH, FL 33140 City-St-Zip: MIAMI BCH, FL 33140

( ) Delete Title: Title: () Change () Addition

CARRILLO, MARIA Name: Name: 5401 COLLINS AVE #134 Address: Address: MIAMI BCH, FL 33140 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Ρ SIGNATURE: CHARLIE CARRILLO 11/14/2005