## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

## **DOCUMENT # P04000123382**

1. Entity Name SKYE FURNITURE INC.



**FILED** Jun 02, 2008 08:00 AM Secretary of State

Principal Place of Business

1150 N.W. 72ND AVENUE

SUITE 555

Mailing Address

1150 N.W. 72ND AVENUE

SUITE 555

| MIAMI, FL 3   | 3126  | MIAMI, FL 33126                                      |                            |                             |                       |                        |                               |
|---|---|--|----------------------------|-----------------------------|-----------------------|------------------------|-------------------------------|
|   |   |  |                            |                             |                       |                        |                               |
| DO NOT WRITE IN THIS SPACE  |   |  |                            | 03192008                    | No Chg-P              | CR2E034 (11            |                               |
| DO NOT WRITE IN THIS STA  |   |  | J 1                        | 4. FEI Number 20-109        |                       |                        | Applied For<br>Not Applicable |
|   |   |  | •                          | 5. Certificate              | of Status Desired     | ☐ \$8.75<br>Fee Re     | Additional quired             |
|   | 6. Name and Address of Current Regis  | stered Agent   |                            |                             |                       |                        |                               |
| CRESPO, SANDRA<br>1150 N.W. 72ND AVENUE<br>SUITE 555<br>MIAMI, FL 33126 |   |  | DO NOT WRITE IN THIS SPACE |                             |                       |                        |                               |
| the obligat   | named entity submits this statement for the lions of registered agent.                          | purpose of changing its registere                    | d office or regist         | ered agent, or bo           | th, in the State of F | iorida. I am familiar  | with, and accept              |
| SIGNATURE_  | Signature, typed or printed name of registered agent and title                                  | # applicable. (NOTE: Registered                      | Agent signature requir     | ed when reinstating)        |                       | nnn952602              |                               |
| FIL<br>After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00                                     | Election Campaign Finan     Trust Fund Contribution. |                            | 5.00 May Be<br>Ided to Fees | 06/04/                | 08-80088-0             | 05 150-00                     |
| 10.   | OFFICERS AND DIRE   | CTORS  |                            |                             | · · · · · ·           |                        |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   | PSTD<br>CRESPO, SANDRA<br>1150 N.W. 72ND AVENUE, SUITE 55<br>MIAMI, FL 33126                    | 5  |                            |                             |                       |                        |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   |   |  |                            |                             |                       |                        |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   |   |  |                            | DO                          | NOT W                 | /RITE                  |                               |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP                                   |   | -  |                            | IN '                        | THIS SI               | PACE                   |                               |
| TITLE NAME STREET ADORESS CITY-ST-ZIP                                   | ,. <del></del>  | :  |                            |                             |                       |                        |                               |
| TITLE<br>NAME<br>STREET ADORESS   | 1 (3)<br>- 1 (3) (4) (4) (4) (4) (4) (4) (4) (4)<br>- 1 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4) |  |                            |                             | · • • • • • •         | •                      | ,                             |
| STREET ADORESS<br>City-St-Zip   | Certify that the information supplied with this   | filing does not quality for the exe                  | emptions contain           | ed in Chapter 11            | 9, Florida Statutes.  | I further certify that | the informati                 |

ort 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 appropriate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if a with all other like empowered. of the corporation or the receiver or changed, or on an attachment with