

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2005 8:00 am
Secretary of State

05-02-2005 90516 030 ***150.00

DOCUMENT # P04000124872			
1. Entity Name SKYCEL INTERNATIONAL, INC.			
Principal Place of Business C/O THE LAW FIRM OF JOHN M. MACDANIEL, PA. TWO SOUTH BISCAYNE BLVD STE 2670 MIAMI, FL 33172		Mailing Address C/O THE LAW FIRM OF JOHN M. MACDANIEL, PA. TWO SOUTH BISCAYNE BLVD STE 2670 MIAMI, FL 33172	
2. Principal Place of Business 8334 N.W. 68 Street Suite, Apt. #, etc.		3. Mailing Address 8334 N.W. 68 Street Suite, Apt. #, etc.	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33166	Country USA	Zip 33166	Country USA
4. FEI Number 20-1592261		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACDANIEL, JOHN M ESQ TWO SOUTH BISCAYNE BLVD STE 2670 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name Jessie J. Elliott Street Address (P.O. Box Number is Not Acceptable) 4501 S.W. 159 Place City Miami FL Zip Code 33185	
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 _____ (NOTE: Registered Agent signature required when relinquishing) Signature, typed or printed name of registered agent and date if applicable. DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 NAME STREET ADDRESS CITY-ST-ZIP	P GONZALES, ORLANDO TWO SOUTH BISCAYNE BLVD STE 2670 MIAMI, FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8334 N.W. 68 Street ☒ Change ☐ Addition Miami, Florida 33166
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAZA, JULIO TWO SOUTH BISCAYNE BLVD STE 2670 MIAMI, FL 33172 ☒ 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: <u>Orlando Gonzalez</u>		Orlando Gonzalez 4-26-05 (305) 406-3813	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	



ATTACHMENT

PHILADELPHIA PA 19255-0038

In reply refer to: 0533465521

May 12, 2005 LTR 147C

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BODC: SB

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SKYCEL INTERNATIONAL INC

% GONZALES ORLANDO

8334 NW 68TH ST

MIAMI FL 33166



002942

Employer Identification Number: 20-1592261

Dear Taxpayer:

Thank you for the inquiry of May 03, 2005.

Your Employer Identification Number (EIN) is 20-1592261. Please keep this number in your permanent records. You should enter your name and your EIN, exactly as shown above, on all business federal tax forms that require its use, and on any related correspondence documents.

If you have any questions, please call us toll free at 1-800-829-0115.

If you prefer, you may write to us at the address shown at the top of the first page of this letter.

Whenever you write, please include this letter and, in the spaces below, give us your telephone number with the hours we can reach you. Also, you may want to keep a copy of this letter for your records.

Telephone Number () _____ Hours _____

We apologize for any inconvenience we may have caused you, and thank