

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2006 08:00 AM
Secretary of State ATX1

DOCUMENT # P04000158595			
1. Entity Name Blue Sky of Orlando Inc			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2099 S Golden Rod Road Suite, Apt. #, etc.		3. Mailing Address 2099 S Golden Rod Road Suite, Apt. #, etc.	
City & State Orlando, FL		City & State Orlando, FL	
Zip 32822	Country	Zip 32822	Country
		4. FEI Number 20-1909494	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE		7. Name and Address of Current Registered Agent	
		Name AHMED, MOHAMMED H	
		Street Address (P.O. Box Number is Not Acceptable) 23 ANDREA DR	
		APT #211	
		City WINTER SPRINGS	FL

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 reinstalling) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25


Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		11.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT AHMED, MOHAMMED H 23 ANDREA DRIVE APT #211 WINTER SPRINGS FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	00000470960 03/28/06-00035-011 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAIK, MAHMUD H 240 MAGNOLIA PARK SANFROD FL 32773	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS KAMAL UDDIN, BHUIYAN 21 PAMVIEN COURT # 208 WINTER SPRINGS FL 32708	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

 **KAMAL U Bhuiyan** 3/14/06, 407 4829321

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