


2006 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 13, 2006 8:00 am
Secretary of State

02-17-2006 90085 043 ***150.00

DOCUMENT # P05000030370					
1. Entity Name SKY LOGISTICS, INC.					
Principal Place of Business 3873 NW 63RD COURT COCONUT CREEK, FL 33073			Mailing Address 3873 NW 63RD COURT COCONUT CREEK, FL 33073		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-2434717	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FOLADORI, HORACIO 3873 NW 63RD COURT COCONUT CREEK, FL 33073				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				Zip Code	
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 reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D		TITLE		
NAME	FOLADORI, HORACIO		NAME		
STREET ADDRESS	3873 NW 63RD COURT		STREET ADDRESS		
CITY - ST - ZIP	COCONUT CREEK, FL 33073		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
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STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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: <i>Horacio Foladori</i>			02/08/06 954 6989966		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		