

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90411 012 ***150.00

DOCUMENT # P05000068586 1. Entity Name SKY TRADING, INC.			
Principal Place of Business 6410 METROWEST BLVD - APT 1109 ORLANDO, FL 32835		Mailing Address 6410 METROWEST BLVD - APT 1109 ORLANDO, FL 32835	
2. Principal Place of Business 6410 METROWEST BLVD Suite, Apt. #, etc. # 1109	3. Mailing Address 6410 METROWEST BLVD Suite, Apt. #, etc. # 1109		
City & State ORLANDO, FL	City & State ORLANDO, FL	4. FEI Number 20-2817749	Applied For <input type="checkbox"/> Not Applicable
Zip 32835	Country	Zip 32835	Country
6. Name and Address of Current Registered Agent SOUTO, LEANDRO 6410 METROWEST BLVD - APT 1109 ORLANDO, FL 32835		7. Name and Address of New Registered Agent Name SOUTO LEANDRO Street Address (P.O. Box Number is Not Acceptable) 6410 METROWEST BLVD # 1109 City & State ORLANDO, 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:  _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SOUTO, LEANDRO 6410 METROWEST BLVD - APT 1109 ORLANDO, FL 32835	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SOUTO, JOSE 6410 METROWEST BLVD - APT 1109 ORLANDO, FL 32835	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARELLA, CARLOS 6410 METROWEST BLVD - APT 1109 ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____ _____	<input type="checkbox"/> Delete	
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:  _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	
Date		Daytime Phone #	

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