

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000079967

Entity Name: FLORIDA SKYLINE HOLDING, INC.

FILED
Apr 22, 2009
Secretary of State

Current Principal Place of Business:

% RITA ALFONSO
351 SABUR LN
OPA LOCKA, FL 33054

New Principal Place of Business:

Current Mailing Address:

% RITA ALFONSO
351 SABUR LN
OPA LOCKA, FL 33054

New Mailing Address:

FEI Number: 42-1670968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, RITA
351 SABUR LN
OPA LOCKA, FL 33054 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALFONSO, RITA
Address: 351 SABUR LN
City-St-Zip: OPA LOCKA, FL 33054

Title: VPD () Delete
Name: DIAZ, ARIANE
Address: 455 NE 25 ST - # 410
City-St-Zip: MIAMI, FL 33137

Title: STD () Delete
Name: LOPEZ, GERARDO
Address: 19762 NW 60 CT
City-St-Zip: MIAMI, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RITA ALFONSO

PD

04/22/2009

Electronic Signature of Signing Officer or Director

Date