

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000133409

1. Entity Name  
SKYTALK COMMUNICATIONS INC.



FILED

06 APR 13 AM 7:46

CLERK OF STATE  
TALLAHASSEE, FLORIDA  
66008337

Principal Place of Business  
2500 E. HALLANDALE BEACH BLVD, SUITE 800  
HALLANDALE BEACH, FL 33009

Mailing Address  
2500 E. HALLANDALE BEACH BLVD, SUITE 800  
HALLANDALE BEACH, FL 33009

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



03-17-06 90117 011 \$150.00  
03302006 Chg-P CR2E034 (11/05)

4. FEI Number

75-3207265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DAVIS, RONALD L ESQ  
1550 NE MIAMI GARDENS DR.  
SUITE 200  
N. MIAMI BEACH, FL 33179

7. Name and Address of New Registered Agent

Name  
Ricardo J. Canal

Street Address (P.O. Box Number is Not Acceptable)

2500 E. Hallandale Beach Blvd.

Suite 800

City  
Hallandale Beach

FL

Zip Code  
33009

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

3/30/06  
DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEO  
CANAL, RICARDO J  
2500 E. HALLANDALE BEACH BLVD, SUITE 800  
HALLANDALE BEACH, FL 33009

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/30/06 954-455-5008  
Date Daytime Phone #