



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000163264 1. Entity Name RED SKY GLOBAL CONSULTING, INC.	
---	---

Principal Place of Business 14359 MIRAMAR PARKWAY SUITE 193 MIRAMAR, FL 33027	Mailing Address 14359 MIRAMAR PARKWAY SUITE 193 MIRAMAR, FL 33027
--	--

DO NOT WRITE IN THIS SPACE



04222008 No Chg-P CR2E034 (11/05)

4. FEI Number 05-0630063	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VALDES, ZUJEY 14359 MIRAMAR PARKWAY SUITE 193 MIRAMAR, FL 33027	DO NOT WRITE IN THIS SPACE
---	---------------------------------------

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.

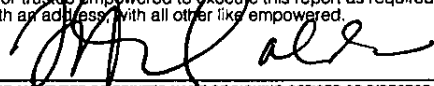
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	06/02/08-80060-018 158.75
---	---	---------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT VALDES, ZUJEY A 14359 MIRAMAR PARKWAY, SUITE 193 MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REYES, JUAN 14359 MIRAMAR PARKWAY MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CASTILLO, ISABEL 14359 MIRAMAR PARKWAY MIRAMAR, FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:  **04/25/08 954-861-4310**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #