
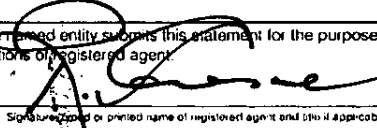
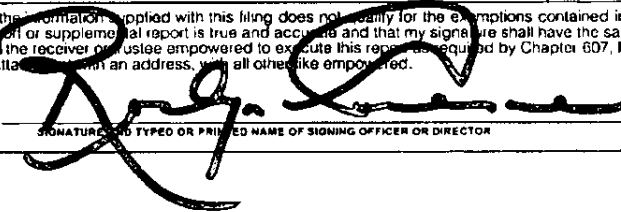


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

4/1

FILED
May 01, 2007 8:00 am
Secretary of State

04-13-2007 90156 032 ***150.00

DOCUMENT # P06000061697			
1. Entity Name 5538 BLUE SKY, INC.			
Principal Place of Business 40 S E 5TH STREET SUITE 500 BOCA RATON, FL 33432		Mailing Address 40 S E 5TH STREET SUITE 500 BOCA RATON, FL 33432	
2. Principal Place of Business - No P.O. Box # 320 PLAZA REAL		3. Mailing Address 320 PLAZA REAL	
Suite, Apt. #, etc. 501		Suite, Apt. #, etc. 501	
City & State BOCA RATON		City & State BOCA RATON	
Zip 33432		Country USA	
6. Name and Address of Current Registered Agent DEVITT THISTLE & DEVITT PA 30 S E 4TH AVENUE DELRAY BEACH, FL 33483		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: 		DATE: May 3, 2007	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 PRES. SEC. AND TREASURER RONALD E. LICHTMAN 500 S. OCEAN APT 305 DEERFIELD BCH. FL. 33441		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 attached statement with an address, for all other like empowered.			
SIGNATURE: 		DATE: Apr 11/07 (561) 271 1122	

66012440



04032007 Chg-P CR2E034 (12/06)

4. FEI Number
20-4802568 Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required