

Sent By: ALBOLAW;

3054446180;

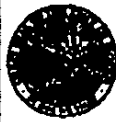
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FILED
Mar 16, 2007 8:00 am
Secretary of State

02-19-2007 90043 023 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000076074

1. Entity Name
SKY BLOCK, INC.

Principal Place of Business

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

Mailing Address

901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

2. Principal Place of Business - No P.O. Box

20201 E. Country Club Dr.

Suite, Apt. #, etc. #2401

3. Mailing Address

20201 E. Country Club Dr.

Suite, Apt. #, etc. #2401

01222007

Chg-P

C02E034 (12/08)

City & State

Aventura, Florida

City & State

Aventura, Florida

4. FEI Number

#20-8600039

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

33180

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALBORNOS, WILLIAM H ESQ.
901 PONCE DE LEON BLVD., SUITE 603
CORAL GABLES, FL 33134

Name

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

City

FL

Zip Code

9. 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 in printed name of registered agent and date if applicable

NOTE: Registered Agent signature required when changing

DATE

FILE NOW! FEE IS \$150.00
After May 1, 2007 Fee will be \$555.008. Election Campaign Financing
Trust Fund Contribution.☐\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Delete
	MODULO, GILBERTO	20201 COUNTRY CLUB DR., APT. 2401	AVENTURA, FL 33180	
	MODULO, MARIA RITA	20201 COUNTRY CLUB DR., APT. 2401	AVENTURA, FL 33180	
	MODULO, LUIS F	20201 COUNTRY CLUB DR., APT. 2401	AVENTURA, FL 33180	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, 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 an officer or director.

SIGNATURE:

G. Modulo 01/26/07 (305)444-7741

Signature and typed name of person officer or director

Date

Daytime Phone