

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 21, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000118258

1. Entity Name
**SKYRISE BACKGROUND SCREENING SERVICES
CORPORATION**



Principal Place of Business
**9999 NE 2ND AVENUE
302
MIAMI SHORES, FL 33138**

Mailing Address
**P.O. BOX 531145
MIAMI SHORES, FL 33153**



05142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5543786

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MARTINEZ, JULIO E
9999 NE 2ND AVENUE
302
MIAMI SHORES, FL 33138**

**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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	MARTINEZ, JULIO
STREET ADDRESS	P.O. BOX 5311
CITY-ST-ZIP	MIAMI SHORES, FL 33153
TITLE	VP
NAME	MARTINEZ, JERRY E
STREET ADDRESS	P.O. BOX 531145
CITY-ST-ZIP	MIAMI SHORES, FL 33153
TITLE	SEC
NAME	GROSSO, MARIA T
STREET ADDRESS	P.O. BOX 531145
CITY-ST-ZIP	MIAMI SHORES, FL 33153
TITLE	T
NAME	MARTINEZ, NAYROBI J
STREET ADDRESS	P.O. BOX 531145
CITY-ST-ZIP	MIAMI SHORES, FL 33153
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000951780
06/04/08-80051-008 150.00

**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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/14/08

86290-0565