

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 01, 2008 8:00 am
Secretary of State

02-11-2008 90039 021 ***150.00

DOCUMENT # P07000132714 1. Entity Name SKY ADVANCE CHOICES CORP					
Principal Place of Business 14748 SW 56 ST 195 MIAMI, FL 33185 US			Mailing Address 14748 SW 56 ST 195 MIAMI, FL 33185 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-1584943	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For -- Not Applicable	
6. Name and Address of Current Registered Agent HERNANDEZ, RAFAEL 14748 SW 56 ST 195 MIAMI, FL 33185			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
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.			DATE		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when completing)</small>			DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		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	PDTS HERNANDEZ, RAFAEL 14748 SW 56 ST APT 195 MIAMI, FL 33185		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	
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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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			RAFAEL HERNANDEZ PDTS 2/7/08 (786) 564-8442		