2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000050086

Entity Name: SKY VIEW CAFE PGD. INC.

PUNTA GORDA, FL 33982

City-St-Zip:

FILED Jan 15, 2009 Secretary of State

		V 07 (1 2 1 0 D , 11 V 0 .			
Current P	rincipal Place	of Business:	New Principal Place of Business:		
	PORT ROAD				
A-2 PUNTA G	ORDA, FL 339	982			
Current M	lailing Addres	ss:	New Mailing Address	New Mailing Address:	
A-2	PORT ROAD ORDA, FL 339	982			
FEI Number	: 61-1565122	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
28000 AIR A-2 PUNTA GO The above	ER, CAROLYI PORT ROAD ORDA, FL 339 named entity e of Florida.	982 US	purpose of changing its registered	l office or registered agent, or both,	
SIGNATU	RE:				
		nic Signature of Registered Aq g Trust Fund Contribution ().		Date S TO OFFICERS AND DIRECTORS:	
Title:) Delete		() Change () Addition	
Name: Address: City-St-Zip:	GALLAGHER, I 2349 NUREMB PUNTA GORDA	EDWARD ERG BLVD.	Name: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	D (GALLAGHER, 0 2349 NUREMB		Title: Name: Address:	() Change () Addition	

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROLYN GALLAGHER D 01/15/2009