

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P93000023971

1. Entity Name
AMERICASKY CORPORATION



Principal Place of Business

4045 N.W. 97TH AVE.
MIAMI, FL 33178 US

Mailing Address

4045 N.W. 97TH AVE.
MIAMI, FL 33178 US



01292004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-9406186

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

INTRASTATE REGISTERED AGENT CORPORATION
701 BRICKELL AVENUE
SUITE 3000
MIAMI, FL 33131

**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 \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

UN00000050474
02/16/04-80011-016 158.75

10. OFFICERS AND DIRECTORS

TITLE	DCT
NAME	URETA, FELIPE
STREET ADDRESS	4045 N.W. 97TH AVE.
CITY- ST- ZIP	MIAMI, FL 33178
TITLE	D
NAME	BURCHARDT, KONRAD
STREET ADDRESS	4045 N.W. 97TH AVE.
CITY- ST- ZIP	MIAMI, FL 33178
TITLE	DS
NAME	VARGAS, ALEJANDRO
STREET ADDRESS	4045 N.W. 97TH AVE.
CITY- ST- ZIP	MIAMI, FL 33178
TITLE	PCEO
NAME	ASECIO, JORGE
STREET ADDRESS	4045 N.W. 97TH AVE.
CITY- ST- ZIP	MIAMI, FL 33178
TITLE	T
NAME	DUCAUD, JUAN G
STREET ADDRESS	4045 NW 9TH AVE
CITY- ST- ZIP	MIAMI, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

1/29/2004 305-717-0320
Date Daytime Phone #