

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90049 040 ***158.75

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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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 2005 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DCT ☐ Delete
NAME URETA, FELIPE
STREET ADDRESS 4045 N.W. 97TH AVE.
CITY-ST-ZIP MIAMI FL 33178

TITLE D ☐ Delete
NAME BURCHARDT, KONRAD
STREET ADDRESS 4045 N.W. 97TH AVE.
CITY-ST-ZIP MIAMI FL 33178

TITLE DS ☐ Delete
NAME VARGAS, ALEJANDRO
STREET ADDRESS 4045 N.W. 97TH AVE.
CITY-ST-ZIP MIAMI FL 33178

TITLE PCEO ☒ Delete
NAME ASECIO, JORGE
STREET ADDRESS 4045 N.W. 97TH AVE.
CITY-ST-ZIP MIAMI FL 33178

TITLE T ☐ Delete
NAME DUCAUD, JUAN G
STREET ADDRESS 4045 NW 9TH AVE
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE PCEO ☐ Change ☒ Addition
NAME Alfredo Parot
STREET ADDRESS 4045 NW 9TH Avenue
CITY-ST-ZIP Miami, Florida 33178

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

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

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

Date

Daytime Phone #

Juan Guillermo Ducaud - Vice President Finance 2/18/05 305-717-0320