

FILED
May 21, 2004 8:00 am
Secretary of State

04-29-2004 90237 011 ***150.00

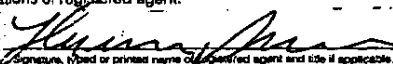
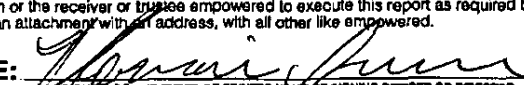
2004 FOR PROFIT CORPORATION
ANNUAL REPORT

4/2

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03312004 Chg-P CR2E034 (10/03)

DOCUMENT # P94000026009			
1. Entity Name SKY'S FLIGHT SERVICE, INC			
Principal Place of Business 5553 NW 36TH STREET SUITE A MIAMI SPRINGS, FL 33166 US		Mailing Address 5553 NW 36TH STREET SUITE A MIAMI SPRINGS, FL 33166 US	
2. Principal Place of Business 3681 Sw 20st		3. Mailing Address 3681 Sw 20st	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Gables, FL		City & State Coral Gables FL	
Zip 33145	Country USA	Zip 33145	Country USA
4. FEI Number 65-0494952		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent POINDEXTER, JOHN H 5553 NW 36 STREET SUITE A MIAMI SPRINGS, FL 33166		7. Name and Address of New Registered Agent Name Hernan Arias Street Address (P.O. Box Number is Not Acceptable) 3681 Sw 20st City Coral Gables FL Zip Code 33145	
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  DATE March 31, 2004 (NOTE: Registered Agent signature required when reinstating)			
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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CDT ARIAS, HERNAN 120 ROYAL PALM ROAD HIALEAH, FL 33016 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hernan Arias 3681 Sw 20 st Coral Gables, FL 33145 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS POINDEXTER, JOHN 1100 LEE WAGENER BLVD SUITE 204 FT LAUDERDALE, FL 33315 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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: 		Date Daytime Phone #	