
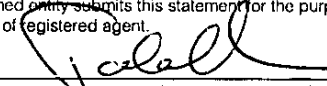
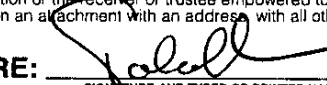


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90097 024 \*\*\*150.00

<b>DOCUMENT # P94000076465</b> 1. Entity Name <b>SKY AIR SERVICE, INC.</b>																													
Principal Place of Business <b>% MANAGING FOOD, LLC</b> <b>1326 E. LUMSDEN RD.</b> <b>BRANDON, FL 33511</b>			Mailing Address <b>% MANAGING FOOD, LLC</b> <b>1326 E. LUMSDEN RD.</b> <b>BRANDON, FL 33511</b>																										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																										
City & State			City & State																										
Zip		Country		Zip																									
Country		Country		4. FEI Number <b>59-3276849</b>																									
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable																									
6. Name and Address of Current Registered Agent <b>KAZBOUR, TALAL</b> <b>2503 HWY 60 E</b> <b>VALRICO, FL 33594</b>				7. Name and Address of New Registered Agent Name <b>Talal Kazbour</b> Street Address (P.O. Box Number is Not Acceptable) <b>1326 E. Lumsden Road</b> City <b>Brandon</b> <b>FL</b> Zip Code <b>33511</b>																									
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 <b>4-29-05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;">PS</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>KAZBOUR, TALAL</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1326 E. LUMSDEN ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>BRANDON, FL 33511</td> <td></td> </tr> </table>			TITLE	PS	<input type="checkbox"/> Delete	NAME	KAZBOUR, TALAL		STREET ADDRESS	1326 E. LUMSDEN ROAD		CITY-ST-ZIP	BRANDON, FL 33511		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE</td> <td style="width: 40%;"></td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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 <b>4-29-05</b> DAYTIME PHONE # <b>813-684-0622</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													

**50050127**



04062005 Chg-P CR2E034 (10/03)