## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P95000042708

1. Entity Name

MIAMI SKYLINE CONSTRUCTION CORP.



Principal Place of Business

705 NE 130TH ST N MIAMI, FL 33161

US

Maifing Address

705 NE 130TH ST N MIAMI, FL 33161

US

## FILED Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90204 035 \*\*\*150.00



01042007

No Chg-P

CR2E034 (11/05)

FEI Number
 65-0599009

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

RODRIGUEZ, CLAUDIO 705 NE 130TH ST N MIAMI, FL 33161

## 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 Fiorida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RODRIGUEZ, CLAUDIO 705 NE 130TH ST N MIAMI, FL 33161	•			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME Street address City-St-Zip				DO NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CHTY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR