


2008 FOR PROFIT CORPORATION ANNUAL REPORT

2/14

FILED
Mar 18, 2008 8:00 am
Secretary of State

02-14-2008 90029 043 ***150.00

DOCUMENT # P97000015560			
1. Entity Name SKYLIGHT SECURITY SYSTEMS, INC.			
Principal Place of Business 12925 SW 132 ST 5A MIAMI, FL 33186		Mailing Address 12925 SW 132 ST 5A MIAMI, FL 33186	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent TORRES, GUILLERMO S 9810 SW 50 ST MIAMI, FL 33165		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 _____ (NOTE: Registered Agent signature required when re-registering)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, GUILLERMO S	NAME	
STREET ADDRESS	9810 S.W. 50TH ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33165	CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUILLERMO, TORRES JR	NAME	
STREET ADDRESS	9810 SW 50TH ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33165	CITY- ST- ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, SADY	NAME	
STREET ADDRESS	9810 SW 50 ST	STREET ADDRESS	
CITY- ST- ZIP	MIAMI, FL 33165	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		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 807, 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: 3-10-08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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4. FEI Number 65-0732148 Applied For Not Applicable

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