

**FOR PROFIT CORPORATION
ANNUAL REPORT**

For Office Use Only

DO NOT WRITE IN THIS SPACE

FILED

11 MAY 16 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P97000015560**

1. Entity Name

SkyLight Security Systems



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

12925 SW 1325r

3. Mailing Address

Same

Suite, Apt. #, etc.

SA

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

Miami FL

City & State

Mia

4. FEI Number

65 073 2148

Applied For

Not Applicable

Zip

33186

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Guillermo Torres

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

15458 SW 172 St

City

Miami

FL

Zip Code

33187

**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 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 re-instating)

DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

E-mail Address:

skylight@skylightsecurity.com
E-mail address to be used for future annual report notices.

10. OFFICERS AND DIRECTORS

TITLE	Guillermo Torres, Pres.
NAME	12925 SW 13255 #5A
STREET ADDRESS	Miami, FL 33186
CITY - ST - ZIP	
TITLE	Sady Torres V.P.
NAME	12925 SW 13255 #5A
STREET ADDRESS	Miami, FL 33186
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

200207108422
05/03/11--01022--014 ***150.00

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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

Guillermo Torres

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

5/11/2011