

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000043501

FILED  
Jan 08, 2008  
Secretary of State

Entity Name: SKYLINE ENTERPRISES CORP.

**Current Principal Place of Business:**

8040 NW 156TH TERR  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 170454  
MIAMI, FL 33017

**New Mailing Address:**

FEI Number: 65-0753472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GONZALEZ, LILIAN A  
8040 NW 156TH TERR  
MIAMI LAKES, FL 33016 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPS ( ) Delete  
Name: GONZALEZ, GILBERT  
Address: 8040 NW 156TH TERR  
City-St-Zip: MIAMI LAKES, FL 33016

Title: DVT ( ) Delete  
Name: GONZALEZ, LILIAN A  
Address: 8040 NW 156TH TERR  
City-St-Zip: MIAMI LAKES, FL 33016

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GILBERT GONZALEZ

DPS

01/08/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date