

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 10, 2004 08:00 AM
Secretary of State

DOCUMENT # P97000051757

1. Entity Name
SKY INVESTMENTS, INC.



Principal Place of Business
10 FAIRWAY DR
302
DEERFIELD BEACH, FL 33441 US

Mailing Address
10 FAIRWAY DR
302
DEERFIELD BEACH, FL 33441 US



01082004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0771360

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

RUBINEZ, RAFI
10 FAIRWAY DRIVE STE 302
DEERFIELD BEACH, FL 33441

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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 reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

U000000083642
03/10/04-80047-012 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME RUBINEZ, RAFI
STREET ADDRESS 10 FAIRWAY DRIVE STE 302
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE V
NAME ALFASI, JACK
STREET ADDRESS 10 FAIRWAY DRIVE STE 302
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: *Jack Alfasi VP*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/04 361-368-5420 x201