2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000105755

1. Entity Name
SKYMASTER MIAMI, INC.

Principal Place of Business	Mailing Address
4451 N2 36TH ST. NO. 115	4451 N2 36TH ST. NO. 115
MIAMI SPRINGS, FL 33166 US	MIAMI SPRINGS, FL 33166 US

DO NOT WRITE IN THIS SPACE

02122004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0804168		Not Applicable

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

6. Name and Address of Current Registered Agent

GONZALES, MIGUEL
3616 SW 17 ST
MIAMI, FL 33145

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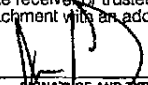
FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

U000000055873
02/18/04-80021-023 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PSD
NAME	GONZALES, MIGUEL
STREET ADDRESS	3616 SW 17 ST
CITY-ST-ZIP	MIAMI, FL 33145

TITLE	VTD
NAME	GUERRERO, ANDRES U
STREET ADDRESS	12301 SW 47 ST
CITY-ST-ZIP	MIAMI, FL 33175

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	

DO NOT WRITE 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: _Miguel Gonzales_   2-16-04   305-884-4884

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #