2007 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P99000035282

SKY PROPERTY MAINTENANCE AND INVESTMENT **COMPANY**



Principal Place of Business

1410 NW 70 STREET MIAMI, FL 33147 US Mailing Address

P.O BOX 4705206

MIAMI, FL 33247 US



FILED

Apr 27, 2007 8:00 am Secretary of State

04-27-2007 90204 027 ***150.00

No Chg-P CR2E034 (11/05) 04262007

> 65-0911311 5. Certificate of Status Desired

4. FEI Number

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DEAN, ORANGEN RIJR 1410 NW 70 STREET MIAMI, FL 33147.

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		i				
	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or both	n, in the State of Florida. I am familiar with, and acc	ept
SIGNATURE_						
	Signature, typed or printed name of registered agent and title	if applicable. (NOTE; Registered	Agent signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finan- Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORANGEN, JR, DEAN R 1410 NW 70 STREET MIAMI, FL 33147					
TITLE	RS				•	

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DEAN, ARCHIE P NAME STREET ADDRESS 657 RED FOX PL. FAIRBURU, GA 30213 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CiTY-ST-7IP

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 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #