


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 18, 2007 8:00 am**  
**Secretary of State**

01-18-2007 90094 009 \*\*\*150.00

**DOCUMENT # P99000061495**

1. Entity Name  
**THE SKY LIMIT GROUP, INC.**




Principal Place of Business      Mailing Address  
**13422 SW 128 ST**      **13422 SW 128 ST**  
**MIAMI, FL 33186**      **MIAMI, FL 33186**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
**13408 SW 128 ST**      Suite, Apt. #, etc.

City & State      City & State  
**Miami FL.**      **MIAMI, FL**

Zip      Country      Zip      Country  
**33186**      **USA**

00000610



01082007      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**65-0943181**      Not Applicable

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

6. Name and Address of Current Registered Agent

**SANCHEZ, MAURICIO G**  
**16326 SW 103 ST**  
**MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name

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

City      **FL**      Zip Code

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: Mauricio Sanchez  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete	TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, MAURICIO G	NAME	Sanchez Mauricio.
STREET ADDRESS	13422 SW 128 ST	STREET ADDRESS	13408 SW 128 ST.
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	Miami FL. 33186
TITLE	VP <input type="checkbox"/> Delete	TITLE	VP <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZORILLA, LOURDES L	NAME	Zorrilla Lourdes.
STREET ADDRESS	13422 SW 128TH ST	STREET ADDRESS	13408 SW 128 ST.
CITY-ST-ZIP	MIAMI, FL 33186	CITY-ST-ZIP	Miami FL. 33186.
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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

SIGNATURE: Mauricio Sanchez      **1-11-07**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #