2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2004 08:00 AM
Secretary of State

DOCUMENT # P99000075509

1. Entity Name
SKYLINK TRAVEL, INC.

Principal Place of Business	Mailing Address
2303 PONCE DE LEON BLVD CORAL GABLES, FL 33134	2303 PONCE DE LEON BLVD CORAL GABLES, FL 33134

DO NOT WRITE IN THIS SPACE

01192004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0944257
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SEHMI, DALJIT
2303 PONCE DELEON BLVD.
CORAL GABLES, FL 33134

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEHMI, DALJIT
STREET ADDRESS	2303 PONCE DELEON BLVD.
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	GM
NAME	VIRGOLIMO, FERNANDO
STREET ADDRESS	2303 PONCE DELEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	SM
NAME	KHAN, SOHAIL
STREET ADDRESS	2303 PONCE DELEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	AM
NAME	PATEL, RAJESM
STREET ADDRESS	2303 PONCE DELEON BLVD
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/27/04-80021-005 150.00

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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: Rajesh Patel 1/19/04 Accountant
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #