FILED
Jul 11, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P 9000075509

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

07052005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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 BL D.
CORAL GABLES, FL 331

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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 ag t.

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

FILE NOW!!! FEE $ $150.00
Due by Septemb r 7, 2005

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SEHMI, DALJIT
STREET ADDRESS	2303 PONCE DI .EON BLVD.
CITY-ST-ZIP	CORAL GABLE FL 33134
TITLE	GM
NAME	VIRGOLIMO, FE INANDO
STREET ADDRESS	2303 PONCE DI .EON BLVD
CITY-ST-ZIP	CORAL GABLE FL 33134
TITLE	SM
NAME	KHAN, SOHAIL
STREET ADDRESS	2303 PONCE DI .EON BLVD
CITY-ST-ZIP	CORAL GABLE FL 33134
TITLE	AM
NAME	PATEL, RAJESI
STREET ADDRESS	2303 PONCE D .EON BLVD
CITY-ST-ZIP	CORAL GABLE FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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07/11/05-80009-009 150.00

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12. I hereby certify that the inform tion 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 sup lemental 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 rece r 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 attachmer with an address, with all other like empowered.

SIGNATURE: Rajesh Patel RAJESH PATEL - ACCOUNTS MANAGER 07/01/2005 305-569-1679
NAME AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #