

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90158 038 \*\*\*158.75

<b>DOCUMENT # P99000075509</b>					
<b>1. Entity Name</b> SKYLINK TRAVEL, INC.					
<b>Principal Place of Business</b> 2303 PONCE DE LEON BLVD CORAL GABLES, FL 33134			<b>Mailing Address</b> 2303 PONCE DE LEON BLVD CORAL GABLES, FL 33134		
<b>2. Principal Place of Business - No P.O. Box #</b> 941 NE 19TH AVENUE		<b>3. Mailing Address</b> 941 NE 19TH AVE			
Suite, Apt. #, etc. SUITE 202		Suite, Apt. #, etc. SUITE 202			
<b>City &amp; State</b> FT. LAUDERDALE		<b>City &amp; State</b> FT. LAUDERDALE			
Zip 33304		Country		Zip 33304	
Country		Country			
<b>6. Name and Address of Current Registered Agent</b>  KHAN, SOHAIL 2303 PONCE DELEON BLVD. CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name <u>PATEL, RAJESH</u> Street Address (P.O. Box Number is Not Acceptable) 941 NE 19TH AVENUE SUITE 202 City <u>FT. LAUDERDALE</u> <u>FL</u> Zip Code <u>33304</u>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEHMI, DALJIT 2303 PONCE DELEON BLVD. CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 941 NE 19TH AVENUE, SUITE 202 FT. LAUDERDALE FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM VIRGOLINO, FERNANDO 2303 PONCE DELEON BLVD CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 941 NE 19TH AVE, SUITE 202 FT. LAUDERDALE FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM KHAN, SOHAIL 2303 PONCE DELEON BLVD CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AM PATEL, RAJESH 2303 PONCE DELEON BLVD CORAL GABLES, FL 33134		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition AM PATEL, RAJESH 941 NE 19TH AVENUE, SUITE 202 FT. LAUDERDALE FL 33304	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Rajesh Patel</u> <u>4/29/2008</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					