


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 12, 2004 8:00 am**  
**Secretary of State**

08-12-2004 90006 038 \*\*\*550.00

<b>DOCUMENT # P99000081021</b>	
1. Entity Name SKY ARTECH, INC.	

Principal Place of Business 7380 SANDLAKE ROAD #500 ORLANDO, FL 32819	Mailing Address 200 E. ROBINSON STREET #500 ORLANDO, FL 32801
---	---

24079753



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01132004 Chg-P CR2E034 (10/03)

4. FEI Number 59-3605331	Applied For <input type="checkbox"/> Not Applicable
-----------------------------	--

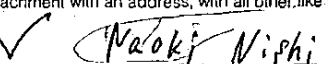
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent HENDRY, STONER, DELANCETT & BROWN, P.A. 20 N. ORANGE AVENUE ORLANDO, FL 32801	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NISHI, NAOKI 7380 SANDLAKE ROAD #500 ORLANDO, FL 32819 <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	D IDENOSHITA, KOJI 7380 SANDLAKE ROAD #500 ORLANDO, FL 32819 <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	D KAMBARA, HIROSHI 7380 SANDLAKE ROAD #500 ORLANDO, FL 32819 <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
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

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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: 2004/5/29 Daytime Phone #

ATTACHMENT

2409753  
# P99000081021

LAW OFFICES OF  
**HENDRY, STONER, DELANCETT & BROWN**

PROFESSIONAL ASSOCIATION

20 N. ORANGE AVENUE, SUITE 407

**ORLANDO, FLORIDA 32801**

TELEPHONE (407) 843-5880

FAX (407) 425-7905

E-MAIL: HSDB@HSDB-LAW.COM

WWW.HSDB-LAW.COM

ROBERT R. HENDRY  
BOARD CERTIFIED IN INTERNATIONAL LAW

RICHARD D. STONER  
BOARD CERTIFIED IN REAL ESTATE

JOHN G. DELANCETT  
COMMERCIAL AND TAX LITIGATION  
CERTIFIED CIRCUIT CIVIL MEDIATOR

G. STEVEN BROWN  
BOARD CERTIFIED IN TAXATION

OF COUNSEL

DEBORAH J. TOWNSEND  
BOARD CERTIFIED IN IMMIGRATION

LAURA A. QUIGLEY  
BOARD CERTIFIED IN TAXATION

LISA KRUEGER KHAN  
IMMIGRATION AND NATURALIZATION

MARCOS A. CIGAGNA  
ADMITTED IN BRAZIL ONLY

August 10, 2004

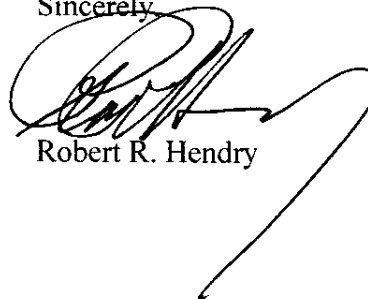
Uniform Business Report  
Division of Corporations  
Post Office Box 1500  
Tallahassee, Florida 32302-1500

Re: 2004 Uniform Business Report (UBR)

To Whom It May Concern:

Enclosed please find the Uniform Business Report for SKY ARTECH, INC., along with a check in the amount of \$550.00 for the filing fee.

Sincerely,



Robert R. Hendry

RRH/bob

Enclosure