

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 05, 2005 08:00 AM
Secretary of State

DOCUMENT # V52893 1. Entry Name BLUE SKY INSTITUTE, INC.	
---	---

Principal Place of Business 12000 BISCAYNE BLVD. STE. #205 MIAMI, FL 33181 US	Mailing Address 12000 BISCAYNE BLVD. STE. #205 MIAMI, FL 33181 US
---	---

DO NOT WRITE IN THIS SPACE



06292005 No Chg-P CR2E034 (10/03)

4. FRI Number 65-0353585	Applied For Not Applicable
-----------------------------	-------------------------------

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

6. Name and Address of Current Registered Agent

KAHN, STEPHEN
1470 N.E. 101 ST.
MIAMI SHORES, FL 33136

**DO NOT WRITE
IN THIS SPACE**

7. 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

Signature typed or printed name of registered agent and if not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$850.00
Due by September 7, 2005

8. Election Campaign Financing
True: Fund Contribution ☐

\$5.00 May Be
Added to Fee

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS CHERRE, CYNTHIA H. 1470 N.E. 101 ST. MIAMI SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAHN, STEPHEN 1470 N.E. 101 ST. MIAMI SHORES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000370227
07/05/05-80008-008 550.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 fees empowered.

SIGNATURE:

Cynthia Cherre H.

Director

6/29/05 (305) 892-8344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ordinary Phone