

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076468

FILED
Apr 30, 2004
Secretary of State

Entity Name: SKY LIMIT ACQUISTIONS, INC.

Current Principal Place of Business:

1000 E ATLANTIC BLVD #205L
POMPANO BEACH, FL 33060

New Principal Place of Business:

PINE ISLE APTS #2
651 PINE DR. # 105
POMPANO BEACH, FL 33060

Current Mailing Address:

1000 E ATLANTIC BLVD #205L
POMPANO BEACH, FL 33060

New Mailing Address:

PINE ISLE APTS #2
651 PINE DR.#105
POMPANO BEACH, FL 33060

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ZIMMERMAN, STEPHEN L
737 EAST ATLANTIC BLVD
POMPANO BEACH, FL 33060

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CIAROCCHI, ROGER N SR
Address: 1000 E ATLANTIC BLVD #205L
City-St-Zip: POMPANO BEACH, FL 33060

Title: D () Delete
Name: CIAROCCHI, LISA D
Address: 1000 E ATLANTIC BLVD #205L
City-St-Zip: POMPANO BEACH, FL 33060

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PRES () Change (X) Addition
Name: CIAROCCHI, ROGER SR N
Address: 651 PINE DR
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: VPRE () Change (X) Addition
Name: CIAROCCHI, LISA D
Address: 651 PINE DR
City-St-Zip: POMPANO BEACH, FL 33060 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROGER N CIARROCCHI SR

PRES

04/30/2004

Electronic Signature of Signing Officer or Director

_____ Date