

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000076468

FILED  
Jan 10, 2005  
Secretary of State

Entity Name: SKY LIMIT ACQUISITIONS, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

## Current Mailing Address:

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

## New Mailing Address:

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 US

## 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: PRES ( ) Delete  
Name: CIARROCCHI, ROGER SR N  
Address: 651 PINE DR  
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: VPRES ( ) Delete  
Name: CIARROCCHI, LISA D  
Address: 651 PINE DR  
City-St-Zip: POMPANO BEACH, FL 33060 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

01/10/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date