


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2007 08:00 AM
Secretary of State

DOCUMENT # 463310
 1. Entity Name
 SKLAR REAL ESTATE ENTERPRISES, INC.



Principal Place of Business
 20454 WEST DIXIE HIGHWAY
 MIAMI, FL 33180

Mailing Address
 20454 WEST DIXIE HIGHWAY
 MIAMI, FL 33180



02092007 No Chg-P CR2E034 (11/05)

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4. FEI Number
 59-1632022

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

SKLAR, ISAAC
 20600 NE 20 PLACE
 MIAMI, FL 33179

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PDS
NAME	SKLAR, REBECA
STREET ADDRESS	20454 WEST DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	PDS
NAME	SKLAR, ISAAC
STREET ADDRESS	20454 WEST DIXIE HWY
CITY-ST-ZIP	MIAMI, FL 33180
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE:  Isaac Sklar **3/18/07 (305) 933-8107**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #