


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 844897
 1. Entity Name
SEVEN SKIES COMPANY, INC.



Principal Place of Business: **7210 RED ROAD
207-B
S. MIAMI, FL 33143**

Mailing Address: **7210 RED ROAD
207-B
S. MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE



04132005 No Chg-P CR2E034 (10/03)

4. FEI Number **98-0041179** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**HARZ, DAPHNE
7210 RED ROAD
STE 207-B
S MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE

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 re-registering)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

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

U00000325725
 04/23/05-80028-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ELSACA-SAUD, ENRIQUE
STREET ADDRESS	7210 RED ROAD #207-B
CITY-ST-ZIP	S MIAMI, FL 33143
TITLE	SD
NAME	H. DE ELSACA, NELLY
STREET ADDRESS	7210 RED ROAD #207-B
CITY-ST-ZIP	S MIAMI, FL 33143
TITLE	VD
NAME	HIRMAS, PABLO E
STREET ADDRESS	7210 RED ROAD #207-B
CITY-ST-ZIP	MIAMI, FL 33143
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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)(f), 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: H. K. Laca **4/21/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #