

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State

02-10-2004 90039 023 ***150.00

DOCUMENT # H27878	
1. Entity Name SKLAR ARKITEKTS, INC.	

Principal Place of Business 141 NE 3RD AVENUE 7TH FLOOR MIAMI FL 33132	Mailing Address 141 NE 3RD AVENUE 7TH FLOOR MIAMI FL 33132
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2. Principal Place of Business 40 N.E 1st Ave	3. Mailing Address 2310 Holly wood Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

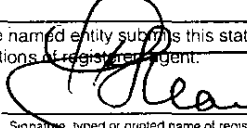
City & State Miami, FL	City & State Holly wood, FL
Zip 33131	Country USA
Country USA	Zip 33020

6. Name and Address of Current Registered Agent SKLAR, NEAL ESQ 1 SE 3RD AVENUE SUITE #3050 MIAMI FL 33131	
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4. FEI Number 59-1576157	Applied For ☐ Not Applicable
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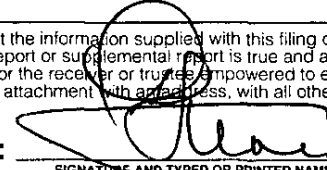
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

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 2/3/04

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SKLAR, OSCAR 141 NE 3RD AVENUE, 7TH FLOOR MIAMI FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SKLAR, ANA 141 NE 3RD AVENUE, 7TH FLOOR MIAMI FL 33132 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT	Date 02/03/04 Daytime Phone # 954-955-9292