2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 10, 2004 8:00 am
Secretary of State
02-10-2004 90039 023 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # H27878

1. Entity Name
SKLAR ARKITEKTS, INC.

Principal Place of Business	Mailing Address
~~141 NE 3RD AVENUE~~	~~141 NE 3RD AVENUE~~
~~7TH FLOOR~~	~~7TH FLOOR~~
~~MIAMI FL 33132~~	~~MIAMI FL 33132~~

2. Principal Place of Business	3. Mailing Address
40 N.E 1st Ave	2310 Hollywood Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, Fl	City & State: Hollywood, Fl
Zip: 33131 Country: USA	Zip: 33020 Country: USA

4. FEI Number 59-1576157 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SKLAR, NEAL ESQ	Name
1 SE 3RD AVENUE	Street Address (P.O. Box Number is Not Acceptable)
SUITE #3050	
MIAMI FL 33131	City FL 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 ________ 2/3/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SKLAR, OSCAR		NAME	
STREET ADDRESS	141 NE 3RD AVENUE, 7TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SKLAR, ANA		NAME	
STREET ADDRESS	141 NE 3RD AVENUE, 7TH FLOOR		STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33132		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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 an address, with all other like empowered.

SIGNATURE: ________ PRESIDENT 02/03/04 954-925-9292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #