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2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 14, 2005 8:00 am Secretary of State **DOCUMENT # H27878** 02-14-2005 90040 021 ***150.00 1. Entity Name SKLAR ARKITEKTS, INC. Mailing Address Principal Place of Business 2310 HOLLYWOOD BLVD. 40 NE 1ST AVE HOLLYWOOD, FL 33020 7TH FLOOR MIAMIL FL 33131 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 CR2E034 (10/03) Cho-P City & State 4. FEI Number Applied For 59-1576157 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent SKLAR, NEAL ESQ Street Address (P.O. Box Number is Not Acceptable) 1 SE 3RD AVENUE SUITE #3050 MIAMI, FL 33131 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. (NOTE: Registered Agent signature required when reinstaking) DATE Signature, typed or printed name of registered agent and title it applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Addition TITLE AME Street address NAME SKLAR, OSCAR 141 NE-3RD AVENUE STREET ADDRESS CITY-ST-ZIP SSTY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE SKLAR, ANA 2310 Na NAME NAME 141 NE 3RD AVENUE, 7TH FLC STREET ADDRESS STREET ADDRESS MIAMI, FL 33132 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE _ Delete_ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE 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 trusted 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 appears in Block 10 or Block 11 if 2/9/05 SIGNATURE:

FILED