


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2005 8:00 am
Secretary of State

02-01-2005 90019 030 ***150.00

DOCUMENT # P01000015748

1. Entity Name
HUSKIN CORP.



Principal Place of Business
3600 S. STATE ROAD 7
SUITE 304
MIRAMAR, FL 33023

Mailing Address
3600 S. STATE ROAD 7
SUITE 304
MIRAMAR, FL 33023

40009941



2. Principal Place of Business
100 N. Biscayne Blvd
 Suite, Apt. #, etc.
Suite 2904

3. Mailing Address
100 N. Biscayne Blvd
 Suite, Apt. #, etc.
Suite 2904

01102005 Chg-P CR2E034 (10/03)

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1075920

Applied For
 Not Applicable

Zip
33131 Country
USA

Zip
33131 Country
USA

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

6. Name and Address of Current Registered Agent
VIVIES, PATRICK
700 E. DANIA BEACH BLVD.
SUITE 202
DANIA, FL 33004

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 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 _____ 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, 2005 Fee will be \$550.00

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 NAME STREET ADDRESS CITY-ST-ZIP	PD BERREBI, SIMON 100 N. BISCAYNE BLVD. #2904 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 officers empowered.

SIGNATURE: _____ **01/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #