

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000056282

FILED
Mar 20, 2009
Secretary of State

Entity Name: SHKOL, INC.

Current Principal Place of Business:

C/O SHOOP MOTORS
1605 ALTON CT
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

339 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

FEI Number: 65-0430300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHKOLNIK, RAUL
275 WEST 33RD STREET
MIAMI BEACH, FL 33140 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHKOLNIK, ALEXANDER
Address: 339 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: V () Delete
Name: SHKOLNIK, RAUL
Address: 275 WEST 33RD STREET
City-St-Zip: MIAMI BEACH, FL 33140

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALEXANDER SHKOLNIK

P

03/20/2009

Electronic Signature of Signing Officer or Director

_____ Date