


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2004 8:00 am
Secretary of State

08-16-2004 90012 029 ***150.00

DOCUMENT # P97000093297

1. Entity Name
S & K PERFORMANCE MACHINING AND FABRICATIING, INC.



Principal Place of Business
**217 SW 28TH ST
 SHOP
 FORT LAUDERDALE, FL 33315**

Mailing Address
**1313 MOCKINGBIRD RD.
 KEY LARGO, FL 33037**

44051821



2. Principal Place of Business
97951 OVERSEAS HWY

3. Mailing Address

Suite, Apt. #, etc.
SHOP

Suite, Apt. #, etc.

08012004 Chg-P CR2E034 (10/03)

City & State
KEY LARGO FLA

City & State

Zip
33037

Country
U.S.A.

Zip Country

4. FEI Number
65-0792565

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**KRIVAK, DAVID
 1313 MOCKINGBIRD RD
 K
 KEY LARGO, FL 33037**

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 _____
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
 Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSDC KRIVAK, DAVID 1313 MOCKING BIRD RD KEY LARGO, FL 33037 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD KRIVAK, THEODORE R 1313 MOCKING BIRD RD KEY LARGO, FL 33037 <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 like empowered.

SIGNATURE: *Theodore R Krivak* **THEODORE R KRIVAK** **8-15-04** **3058530903**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #