

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2005 08:00 AM
Secretary of State

DOCUMENT # 844897

1. Entity Name
SEVEN SKIES COMPANY, INC.



Principal Place of Business

**7210 RED ROAD
207-B
S. MIAMI, FL 33143**

Mailing Address

**7210 RED ROAD
207-B
S. MIAMI, FL 33143**



04132005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0041179

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**HARZ, DAPHNE
7210 RED ROAD
STE 207-B
S MIAMI, FL 33143**

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IN THIS SPACE**

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 re-registering)

DATE

**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

U00000325735

04/23/05-80028-014 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME ELSACA-SAUD, ENRIQUE
STREET ADDRESS 7210 RED ROAD #207-B
CITY-ST-ZIP S MIAMI, FL 33143

TITLE SD
NAME H. DE ELSACA, NELLY
STREET ADDRESS 7210 RED ROAD #207-B
CITY-ST-ZIP S MIAMI, FL 33143

TITLE VD
NAME HIRMAS, PABLO E
STREET ADDRESS 7210 RED ROAD #207-B
CITY-ST-ZIP MIAMI, FL 33143

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #