

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000048855

**Entity Name:** SKWEEKER, INC.

**Current Principal Place of Business:**

1045 EAST ATLANTIC AVENUE  
SUITE 303  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

1045 EAST ATLANTIC AVENUE  
SUITE 303  
DELRAY BEACH, FL 33483 US

**FEI Number:** 27-2829515

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KUPI, RUSTEM  
1045 EAST ATLANTIC AVENUE  
SUITE 303  
DELRAY BEACH, FL 33483 US

*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

**Officer/Director Detail :**

Title P  
Name KUPI, RUSTEM  
Address 1045 EAST ATLANTIC AVENUE  
SUITE 303  
City-State-Zip: DELRAY BEACH FL 33483

Title S  
Name SCALA, TRACY  
Address 42 COUNTRY ROAD SOUTH  
City-State-Zip: VILLAGE OF GOLF FL 33436

*I hereby 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 all other like empowered.*

**SIGNATURE:** RUSTEM KUPI

**PRESIDENT**

**01/25/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date