

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 590027

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** SKAFF CORPORATION OF AMERICA

**Current Principal Place of Business:**

5109 W. KNOX STREET  
TAMPA, FL 33634 US

**New Principal Place of Business:**

**Current Mailing Address:**

5109 W. KNOX STREET  
TAMPA, FL 33634 US

**New Mailing Address:**

489 LUCERNE AVENUE  
TAMPA, FL 33606 US

**FEI Number:** 59-1956833

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SKAFF, GHADA  
3401 W. GRANADA ST  
TAMPA, FL 33629 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SKAFF, HABIB  
Address: 4006 W. SWANN AVE  
City-St-Zip: TAMPA, FL 33609 US

Title: P  
Name: SKAFF, GHADA  
Address: 3401 W. GRANADA ST  
City-St-Zip: TAMPA, FL 33629 US

Title: S/T  
Name: SKAFF, AFIFE  
Address: 489 LUCERNE AVENUE  
City-St-Zip: TAMPA, FL 33606 US

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: GHADA SKAFF

P

01/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date