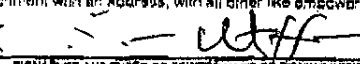


FILED
Jul 05, 2005 08:00 AM
Secretary of State

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F30396 1. Entity Name SKL TRADING CO. INC.			
Principal Place of Business % U UTHMAN 117 W AVENUE A BELLE GLADE, FL 33430-3017		Mailing Address % U UTHMAN 117 W AVENUE A BELLE GLADE, FL 33430-3017	
DO NOT WRITE IN THIS SPACE			
		08302005 No Chg-P CR2E034 (10/03)	
		4. FEI Number 60-2225941	Applied For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent UTHMAN, U 117 W AVENUE A BELLE GLADE, FL		DO NOT WRITE IN THIS SPACE	
9. 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 _____ (NOTE: Registered Agent signature required when resigning) _____ DATE _____			
FILE NOW!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Funds 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DP UTHMAN, S 117 W AVENUE A BELLE GLADE, FL 00000.	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		D UTHMAN, R 117 W AVENUE A BELLE GLADE, FL 00000.	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 enclosed.			
SIGNATURE: 		DATE: _____	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	