



**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # J46255 1. Entity Name SKI STOP MANAGEMENT CORP.	
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Principal Place of Business 5801 N CONGRESS AVENUE BOCA RATON, FL 33487 US	Mailing Address 5801 N CONGRESS AVENUE BOCA RATON, FL 33487 US
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DO NOT WRITE IN THIS SPACE

	
04132004	No Chg-P
CR2E034 (10/03)	
4. FEI Number 59-2747057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MOMBACH, GEOFFREY S. 500 EAST BROWARD BOULEVARD SUITE #1950 FORT LAUDERDALE, FL 33394-3079
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**DO NOT WRITE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(NOTE: Registered Agent signature required when rebating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000132693 04/27/04-80058-008 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD WOLF, STEVEN 5801 N CONGRESS AVENUE BOCA RATON, FL 33487
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD WEISINGER, ALBERT 1575 OCEAN LN., #280 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/21/04 <small>Date</small>	516-249-7980 <small>Daytime Phone #</small>
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