2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # J46255

1. Entity Name
SKI STOP MANAGEMENT CORP.

Principal Place of Business	Mailing Address
5801 N CONGRESS AVENUE BOCA RATON, FL 33487 US	5801 N CONGRESS AVENUE BOCA RATON, FL 33487 US

DO NOT WRITE IN THIS SPACE

01182005   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-2747057	Not Applicable

5. Certificate of Status Desired ☐   **$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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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 reinstating)   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 | |

10.   OFFICERS AND DIRECTORS

TITLE	VSD
NAME	WOLF, STEVEN
STREET ADDRESS	5801 N CONGRESS AVENUE
CITY-ST-ZIP	BOCA RATON, FL 33487

TITLE	PTD
NAME	WEISINGER, ALBERT
STREET ADDRESS	1575 OCEAN LN.,#280
CITY-ST-ZIP	FT.LAUDERDALE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/05-80095-013 150.00

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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: _____   4/14/05   516-249-7980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #