


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90040 007 \*\*\*150.00

<b>DOCUMENT # K66449</b> 1. Entity Name SK GARAGE CORP.	
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Principal Place of Business % ANUKUL SANGSUPAN 5610 W WATERS AVE TAMPA, FL 33634	Mailing Address % ANUKUL SANGSUPAN 5610 W WATERS AVE TAMPA, FL 33634
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**DO NOT WRITE IN THIS SPACE**

01112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2930782	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
SANGSUPAN, ANUKUL  
5610 W WATERS AVE  
TAMPA, FL 33634

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SANGSUPAN, ANUKUL 2710 MIDTIMES AVE TAMPA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANGSUPAN, GUNYAR 2710 MIDTIMES AVE TAMPA, FL
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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:**  **2-6-04** **(813)885-9986**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #