


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # L17514
 1. Entity Name
SKRLD, INC.



Principal Place of Business
201 ALHAMBRA CIR. #1102
CORAL GABLES, FL 33134

Mailing Address
201 ALHAMBRA CIR. #1102
CORAL GABLES, FL 33134



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0241847 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DE LA TORRE, HELIO
201 ALHAMBRA CIR.
#1102
CORAL GABLES, FL 33134

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIEGFRIED, STEVEN M. 201 ALHAMBRA CIR. #1102 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RIVERA, OSCAR R. 201 ALHAMBRA CIR. #1102 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LERNER, LISA A. 201 ALHAMBRA CIR. #1102 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE LA TORRE, HELIO 201 ALHAMBRA CIR. #1102 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOBEL, STUART H 201 ALHAMBRA CIRCLE, STE 1102 CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U00000489642
 04/18/06-80023-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Oscar R Rivera 3/3/06 305 442-3334

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