

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 26, 2007 8:00 am
Secretary of State

03-26-2007 90060 022 ***150.00

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

40091000



03152007 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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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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE D
NAME SIEGFRIED, STEVEN M.
STREET ADDRESS 201 ALHAMBRA CIR. #1102
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME RIVERA, OSCAR R.
STREET ADDRESS 201 ALHAMBRA CIR. #1102
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME LERNER, LISA A.
STREET ADDRESS 201 ALHAMBRA CIR. #1102
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME DE LA TORRE, HELIO
STREET ADDRESS 201 ALHAMBRA CIR. #1102
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE D
NAME SOBEL, STUART H
STREET ADDRESS 201 ALHAMBRA CIRCLE, STE 1102
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Oscar R. Rivera

3/23/07 305-442-3334