

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2007 8:00 am
Secretary of State

04-11-2007 90016 007 ****70.00

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03132007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-1102479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SKRLD, INC.
201 ALHAMBRA CIRCLE #1102
MIAMI, FL 33134

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME KAUFFMAN, GLORIA
STREET ADDRESS 16606 SW 68 TERRACE
CITY-ST-ZIP MIAMI, FL 33193 ☐ Delete

TITLE VD
NAME SIMON, CARILYN
STREET ADDRESS 16605 SW 68 TERRACE
CITY-ST-ZIP MIAMI, FL 33193 ☐ Delete

TITLE T
NAME CHENG, ANA
STREET ADDRESS 6863 SW 166 CT
CITY-ST-ZIP MIAMI, FL 33193 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☒ Change ☐ Addition

NAME SD ☒ Change ☐ Addition

NAME ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

NAME ☐ Change ☐ Addition

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 617, 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: Gloria Kauffman 3/29/07
Signature and typed or printed name of signing officer or director Date Daytime Phone #