

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90110 007 ****61.25

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01032007 Chg-NP CR2E037 (12/06)

4. FEI Number **65-0576847** Applied For ☐ Not Applicable ☐

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

6. Name and Address of Current Registered Agent

SKRID, 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 _____ (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	☐ Delete
NAME	WALL, CRAIG S	
STREET ADDRESS	3613 SOUTH DOUGLAS	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☐ Delete
NAME	BARROWS, TED	
STREET ADDRESS	3664 FRANKLIN AVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	T/S	☐ Delete
NAME	DEVANE, RUFUS	
STREET ADDRESS	3672 FRANKLIN AVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	D	☐ Delete
NAME	ARTHUR, PATRICK	
STREET ADDRESS	3609 SOUTH DOUGLAS RD	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE	VP	☒ Delete
NAME	DEL VALLE, LUIS	
STREET ADDRESS	3631 SW 37 AVE	
CITY-ST-ZIP	MIAMI, FL 33133	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP Barrows, Ted	☒ Change ☐ Addition
NAME	3664 Franklin Ave	
STREET ADDRESS	MIAMI, FL 33133	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	☐ Change ☒ Addition
NAME	Lacy Benton	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/2007
Date

Daytime Phone #