


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2004 8:00 am
Secretary of State

03-25-2004 90015 021 ***150.00

DOCUMENT # P0000056217

1. Entity Name
SK1053, INC.



Principal Place of Business Mailing Address

1053 N. ORLANDO AVE 1053 N. ORLANDO AVE
 SUITE 3 SUITE 3
 MAITLAND, FL 32751 MAITLAND, FL 32751

54022230



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

01122004 Chg-P CR2E034 (10/03)

4. FEI Number Applied For

59-3650990 Not Applicable

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

6. Name and Address of Current Registered Agent

SUVONGSE, CASIDYS
1053 N ORLANDO AVE
STE 3
MAITLAND, FL 32751

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 _____ DATE _____

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D Delete

NAME SUVONGSE, CASIDYS

STREET ADDRESS ~~1053 N. ORLANDO AVE, STE 3~~ *460 Jo Al ca Ave Winter Park FL 32789*

CITY-ST-ZIP MAITLAND, FL 32751

TITLE Change Addition

NAME *Kalaghchi*

STREET ADDRESS

CITY-ST-ZIP

TITLE D Delete

NAME KALEGHCHI, MAJID

STREET ADDRESS 645 BENTLEY LN.

CITY-ST-ZIP MAITLAND, FL 32751

TITLE Change Addition

NAME *Kalaghchi*

STREET ADDRESS

CITY-ST-ZIP

TITLE Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE Change Addition

NAME

STREET ADDRESS

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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 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: *Casidys* Date: *3/22/04* Daytime Phone #: *407-629-4280*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR