

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000056217

**FILED
Apr 21, 2005
Secretary of State**

Entity Name: SK1053, INC.

Current Principal Place of Business:

1053 N. ORLANDO AVE
SUITE 3
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

1053 N. ORLANDO AVE
SUITE 3
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3650990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SUVONGSE, CASIDYS
Address: 460 TO AR CA AVE
City-St-Zip: WINTER PARK, FL 32189

Title: D () Delete
Name: KALAGHCHI, MAJID
Address: 645 BENTLEY LN.
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SUVONGSE, CASIDYS
Address: 460 JO AL CA AVE
City-St-Zip: WINTER PARK, FL 32189

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAJID KALAGHCHI

D

04/21/2005

Electronic Signature of Signing Officer or Director

_____ Date