2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000060856 DOCUMENT #

1. Entity Name

S.K.P.M., INC.



Princ	ipal	Plac	ce of	Busines	3
40700	CHI	440	TED	DACE	

Mailing Address

12755 SW 112 TERRACE MIAMI FL 33265

12755 SW 112 TERRACE MIAMI FL 33265

2.	Principal	Place of	Business

3. Mailing Address

City & State

Suite	ANT AFRICA	

-Suite-Apt:#/etc:--

City	Ċλ	State	

VEGA, JOSE M

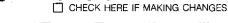
25 SE 2 AVE #410 **MIAMI FL 33265**

Zip

Country

Zip

Country



65-1114311

7. Name and Address of New Registered Agent

5. Certificate of Status Desired

Applied For Not Applicable

> \$8.75 Additional Fee Required

6.	Name	and Address	of Current	Registered	Agent

Street Address (P.O. Box Number is Not Acceptable)

City

04-14-2003 90773 008 ***150.00

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

PILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Carmona, Rafael NAME STREET ADDRESS 12755 SW 112 TERRACE STREET ADDRESS CITY-ST-ZIP Miami FL 33265 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition NAME NAME

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 peport 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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

Apr 14, 2003 8:00 am Secretary of State

CR2E034 (10/02)