

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000090139**

1. Entity Name  
**BUCKHALT ENTERPRISES, INC.**



Principal Place of Business  
**20400 S.W. 182ND AVENUE  
MIAMI, FL 33187**

Mailing Address  
**20400 S.W. 182ND AVENUE  
MIAMI, FL 33187**



01182004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
☒ Not Applicable

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

**6. Name and Address of Current Registered Agent**

**SKLD, INC.  
201 ALHAMBRA CIRCLE, SUITE 1102  
CORAL GABLES, FL 33134**

**DO NOT WRITE  
IN THIS SPACE**

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 renewing)

DATE

**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**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
BUCKHALT, DEBRA  
20400 SW 182 AVENUE  
MIAMI, FL 33187**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VPD  
BUCKHALT, TIMOTHY  
20400 SW 182 AVENUE  
MIAMI, FL 33187**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TD  
BUCKHALT, ALAN  
20400 SW 182 AVENUE  
MIAMI, FL 33187**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000110636  
04/12/04-80091-011 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Debra Buckhalt*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/04

Date

305-668-7213

Daytime Phone #