


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000090139 1. Entity Name BUCKHALT ENTERPRISES, INC.	
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Principal Place of Business 20400 S.W. 182ND AVENUE MIAMI, FL 33187	Mailing Address 20400 S.W. 182ND AVENUE MIAMI, FL 33187
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DO NOT WRITE IN THIS SPACE

04122005 No Chg-P CR2E034 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

5. 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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
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05/05/05-80063-018 150.00

**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 Debra Buckhalt 4/30/05 305-668-7213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #