2005 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P02000069199

FILED Jan 21, 2005 8:00 am Secretary of State 01-21-2005 90063 001 ***300.00

1. Entity Nam 4SK, INC								Ŭ.	21 2000 3000	3 001	300.00			
Principal Place of Business 86 NORTH ST ANDREW ORMOND BEACH, FL 32174				Mailing Address 86 NORTH ST ANDREW				}		•				
OKMOND BE	ACH, FL 32	1/4	(ORMOND BEACH, FL 3	32174			 	6600023 					
2. Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				01072005	Chg-P	CR2I	E034 (10/0	3)		
City & State				City & State				4. FEI Number 59-2368797				Applied For Not Applicable		
Zip	Country			Zip	try	5. Certificate of Status Desired			Fee Required					
	6. Name	and Address of Curre	ent Regis	stered Agent		7. Name and Address of New Registered Agent								
KASIM, S.	ш					Name								
86 NORTH ST ANDREW ORMOND BEACH, FL 32174						Street Add	ress (i	P.O. Box Numb	er is Not Acceptable	9)				
						City				F	Zip C	ode		
8. The above the obligat	named entit	y submits this statemen tered agent.	it for the p	purpose of changing its	register	ed office or re	gister	ed agent, or bo	oth, in the State of Flo	•	- 1	ith, ar	nd accept	
SIGNATURE.	Signature, typed	or printed name of registered ag	ent and title	if applicable. (NOT	E: Registere	d Agent signature r	required	when reinstating)), **	DATE				
FiL After M	E NOW!! ay 1, 200	FEE IS \$150.00 5 Fee will be \$55	0.00	9. Election Campa Trust Fund Con			\$5. Add	00 May Be		,	-			
10.		OFFICERS A	ND DIRE	CTORS	11.			ADDITIONS	/CHANGES TO OFF	ICERS A	ND DIRECT	ORST	N 11	
TITLE	P			☐ Defete	TITU	E					☐ Chan	ge	Manage Addition	
NAME	KASIM, S.H.				E									
STREET ADDRESS CITY-ST-ZIP					ETADDRESS -ST-ZIP									
TITLE						E					☐ Chan	ge	Addilio	
NAME Street adoress					NAM									
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NAME				Detete	NAM							ye	Magailoi	
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NAME CIRCLE ADDRESS					NAM									
STREET ADDRESS CITY-ST-ZIP	1					ET ADDRESS -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 acceptate 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 explute 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:

1-18-05 386-672-9781