

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000098478

FILED
Oct 01, 2008
Secretary of State**Entity Name:** SKILLUS CORPORATION**Current Principal Place of Business:**3801 SW 47TH AVE
SUITE 503
DAVIE, FL 33314**New Principal Place of Business:****Current Mailing Address:**3801 SW 47TH AVE
SUITE 503
DAVIE, FL 33314**New Mailing Address:****FEI Number:** 01-0745888**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ESQUILINO, JOHN
2983 E LAKE VISTA CIRCLE
DAVIE, FL 33328 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ESQUILINO, JOHN
Address: 3801 SW 47 TH AVE SUITE 503
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: PARIS, MARCELO
Address: 3801 SW 47 TH AVE SUITE 503
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: MARCONDES, MELISSA
Address: 3801 SW 47 TH AVE SUITE 503
City-St-Zip: DAVIE, FL 33314

Title: D () Delete
Name: ESQUILINO, LUCY KISLAK
Address: 3801 SW 47 TH AVE SUITE 503
City-St-Zip: DAVIE, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: MARCONDES, GILNEI
Address: 3801 SW 47 TH AVE SUITE 503
City-St-Zip: DAVIE, FL 33314

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JOHN ESQUILINO

D

10/01/2008

Electronic Signature of Signing Officer or Director

Date