


**2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90225 015 \*\*\*158.75

**DOCUMENT # P04000074828**

1. Entity Name  
**BIG BROTHER SKNS HOLDING, INC.**



Principal Place of Business      Mailing Address

215 SW 125TH AVENUE      215 SW 125TH AVENUE  
 PLANTATION FL 33325      PLANTATION FL 33325  
 US      US

00020141



1st MOORE      CR2E034 (10/04)

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

4. FEI Number      Applied For

**03-0541669**      Not Applicable

Zip      Country      Zip      Country

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

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

ZIFRONY, MATTHEW ESQ.  
 C/O TRIPP SCOTT, P.A.  
 110 SE 6TH STREET, 15TH FLOOR  
 FORT LAUDERDALE FL 33301

**7. Name and Address of New Registered Agent**

Name      **ABDALLAH FRANCIS**

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

**215 S.W. 125<sup>TH</sup> AVE**

City      **PLANTATION**      FL      Zip Code **33325**

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 Francis Abdallah      DATE 2/21/05

Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State.**

9. Election Campaign Financing      \$5.00 May Be Added to Fees

Trust Fund Contribution.     

**10. OFFICERS AND DIRECTORS**

TITLE	DPST	<input type="checkbox"/> Delete
NAME	KAHOOK, KHALID	
STREET ADDRESS	215 SW 125TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAHOOK, SALAM	
STREET ADDRESS	215 SW 125TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE	D	<input type="checkbox"/> Delete
NAME	KAHOOK, NIHAYEH	
STREET ADDRESS	215 SW 125TH AVENUE	
CITY-ST-ZIP	PLANTATION FL 33325	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-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 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 Khalid Kahlouk      Date 02/22/05      Daytime Phone # 954-472-3455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR