
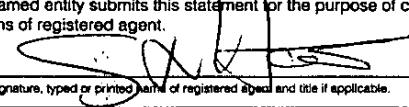



2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90004 001 ***150.00

DOCUMENT # P04000082582 1. Entity Name SKYLER ENTERPRISES, INC.					
Principal Place of Business 2405 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301			Mailing Address 2405 E. LAS OLAS BLVD. FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 4581 Weston Rd		3. Mailing Address			
Suite, Apt. #, etc. A105		Suite, Apt. #, etc.			
City & State Weston FL		City & State			
Zip 33331		Country		Zip	
Country		Country			
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A 7805 S.W. 6TH COURT PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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  (NOTE: Registered Agent signature required when reinstating) 7-27-05 DATE					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, DEBORAH D 2405 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAINES, STEVEN 2405 E. LAS OLAS BLVD. FORT LAUDERDALE, FL 33301 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:  7/27/05 Date Daytime Phone #					

50061369

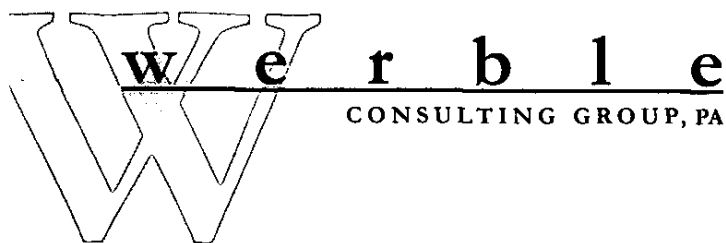


07272005 Chg-P CR2E034 (10/03)

4. FEI Number **20-1620541** Applied For ☐ Not Applicable ☐

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

ATTACHMENT
50061369



August 2, 2005

Florida Department of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

RE: Skyler Enterprises, Inc.
(Document #P04000082582)

To Whom It May Concern:

Please be advised that our client, Skyler Enterprises, Inc. had never received their notice for the 2005 annual report. We are therefore respectfully requesting an abatement of any late penalties due to this occurrence. Enclosed please find a check for \$150.00 to reinstate Skyler Enterprises, Inc. Thank you for your attention in this matter. If you have any questions please feel free to call my office at 954-581-0670 ext. #105

Sincerely,

A handwritten signature in black ink, appearing to read 'Steven Werble'.

Steven Werble, CPA, CVA