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SEC. OF STATE
TALLAHASSEE, FLORIDA

20061430



00262000 CNGP CR2534 (12/03)

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000125255

1. Entity Name
SKM HOLDINGS, INC.

Principal Place of Business
1000 S. FEDERAL HWY., STE. 801
POMPANO BEACH, FL 33062

Mailing Address
1000 S. FEDERAL HWY., STE. 801
POMPANO BEACH, FL 33062

2. Principal Place of Business
SFMG
P.O. Box 1, etc.

3. Mailing Address
SFMG
P.O. Box 1, etc.

City & State

City & State

4. FE Number
20-1587420

5. Additional
VA Address

6. Country

7. Country

8. Country

9. Certificate of Status Correct

10. \$8.75 Additional
Fees Required

11. Name and Address of Current Registered Agent

12. Name and Address of Home Registered Agent

SKM HOLDINGS, INC.
3732 N.W. 19TH ST.
FT. LAUDERDALE, FL 33311

Name: Stephen Jerome Marks
Street Address: 4331 N. Federal Hwy. (403)
City: Ft. Lauderdale FL 33308

13. The above names only qualify in a statement of the purpose of changing its name to office of registered agent, or other in the State of FL. See 19C, Florida Statute, and section 19C-01, Florida Statute.

SIGNATURE

Signature of the person who signed the report on behalf of the corporation. (If the person is not the registered agent, the signature must be accompanied by a power of attorney.)

FILE NOW! FEE IS \$100.00
Due by September 7, 2005

14. See the Certificate of Change
and Fund Contribution.

\$5.00 Fee for
Addition to File

In accordance with s. 607.1932(2), F.S., the
corporator or officer who signs the report must

EXISTING OFFICERS AND DIRECTORS		ADDITIONAL OFFICERS, DIRECTORS AND SECRETARIES	
NAME STREET ADDRESS CITY & ST	☐ Deceased	NAME STREET ADDRESS CITY & ST	☐ Officer ☐ Director
MARKS, STEVEN 1000 S. FEDERAL HWY., STE. 801 POMPANO BEACH, FL 33062	☐ Deceased	NAME STREET ADDRESS CITY & ST	☐ Officer ☐ Director
NAME STREET ADDRESS CITY & ST	☐ Deceased	NAME STREET ADDRESS CITY & ST	☐ Officer ☐ Director
NAME STREET ADDRESS CITY & ST	☐ Deceased	NAME STREET ADDRESS CITY & ST	☐ Officer ☐ Director
NAME STREET ADDRESS CITY & ST	☐ Deceased	NAME STREET ADDRESS CITY & ST	☐ Officer ☐ Director
NAME STREET ADDRESS CITY & ST	☐ Deceased	NAME STREET ADDRESS CITY & ST	☐ Officer ☐ Director
NAME STREET ADDRESS CITY & ST	☐ Deceased	NAME STREET ADDRESS CITY & ST	☐ Officer ☐ Director

15. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19C.01(3)(b). For each signature, I further certify that the information indicated on this report is true and correct to the best of my knowledge and belief, and that I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE: St Marks STEVEN MARKS
6/28/05

05 JUL 15 2005