

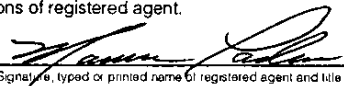
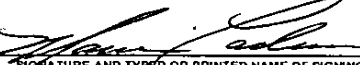


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 22, 2005 8:00 am
Secretary of State

08-22-2005 90063 002 ***150.00

DOCUMENT # P04000146495 1. Entity Name ESKIPI, INC.					
Principal Place of Business 1825 PONCE DE LEON BLVD. #146 CORAL GABLES FL 33134			Mailing Address 1825 PONCE DE LEON BLVD. #146 CORAL GABLES FL 33134		
2. Principal Place of Business 3304 W COLUMBUS DR Suite, Apt. #, etc. A		3. Mailing Address 3304 W COLUMBUS DR Suite, Apt. #, etc. A		 2nd MOORE CR2E034 (5/05)	
City & State TAMPA, FL		City & State TAMPA, FL			
Zip 33607		Zip 33607			
Country HILLSBOROUGH		Country HILLSBOROUGH			
4. FEI Number 651235401				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				7. Name and Address of New Registered Agent Name MAURA PADURA Street Address (P.O. Box Number is Not Acceptable) 3915 N. ARLINGTON AVE City TAMPA FL Zip Code 33603	
6. Name and Address of Current Registered Agent PADURA, MAURA 1825 PONCE DE LEON BLVD. #146 CORAL GABLES FL 33134					
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  MAURA PADURA DATE 8/9/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$550.00 DUE BY September 7, 2005 Make Check Payable to Florida Department of State					
S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00. <input checked="" type="checkbox"/>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D PADURA, MAURA 1825 PONCE DE LEON BLVD. #146 CORAL GABLES FL 33134 <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 MARIN, BARBARA 1825 PONCE DE LEON BLVD. #146 CORAL GABLES FL 33134 <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:  MAURA PADURA 8/9/05 813-300-1672 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

ATTACHMENT

50062790
P04000146495

Eskipi, Inc.
3304 W Columbus Dr.
Suite A
Tampa, FL 33607

August 15, 2005

P. O. Box 6850
Tallahassee, FL 32314

Dear Sir or Madam:

I am writing to inform you that I had not received prior notice to file the annual corporate report for Eskipi, Inc. The first notice I received was on July 11th, 2005. I returned the post card indicating the corporate address and requested the form to file.

Sincerely,



Maura Padura
President Eskipi, Inc.