2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P05000067349 07-23-2007 90035 016 ***150.00 1. Entity Name SKEEMAZ, INC Principal Place of Business Mailing Address 13826 SW 28 TH STREET 13826 SW 28 TH STREET MIRAMAR, FL 33027 MIRAMAR, FL 33027 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07182007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 65-1069443 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MOYAL, PATRICK Street Address (P.O. Box Number is Not Acceptable) 208 N UNIVERSITY DRIVE PEMBROKE PINES, FL 33024 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 14, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 2 Delete TITLE Change Change Addition TITLE CARBALLO, ALEXANDER CARBALLO, ALEXANDER NAME NAME 13826 SW 23TH STREET STREET ADDRESS 13826 SW 28 TH STREET STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 MIRAMAR, FL 33027 CITY-ST-ZIP ☑ Delete TATLE Change TITLE ☐ Addition NAME AHMED, NAJEED AHMED, NAJEEB STREET ADORESS 7331 TAYLOR STREET STREET ADDRESS 7331 TAYLOR STREET CITY-ST-ZIP HOLLYWOOD, FL 33024 CITY-ST-ZIP HULLYWOOD, FL 33024 TITLE Delete TET) F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TOTLE ■ Addition Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

NAJEEB AHMED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Jul 23, 2007 8:00 am

954-801-2058