2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2006 8:00 am Secretary of State

DOCUMENT # P05000117842 1. Entity Name BSK MIAM!, INC.								03-29-2006 90135 008 ***150.00					
Principal Place of Business Mailing Address 8990 S.W. 68TH PLACE 8990 S.W. 68TH PI MIAMI, FL 33156 MIAMI, FL 33156					E US		A (PE)	to in s	TIEL SYN PSYN BEYN 801		(5) (5) u Bross, s	D/ED: () (CC)	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			S	Suite, Apt. #, etc.			032620	06	Chg-P	CR2E0	34 (11/05)		
City & State				City & State			4. FEI NI	2-3	375280		N	pplied For ot Applicable	
Zip	Country			Zip Cou		ntry	5. Certificate of State			\$8.75 Additional Fee Required			
	6. Name	and Address of Currer		Name	7. Name	and A	Address of New R	egistered A	gent				
KRONER, RANDY 8990 S.W. 68TH PLACE							ss (P.O. Box N	umber	is Not Acceptable)			
MIAMI, FL 33156													
						City				FL	Zip Cod	le	
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. Signature, typed or printed name of registered agent and othe 8 applicable. (MOTE: Registered Agent algorithm required										DATE			
		FEE IS \$150.00 8 Fee will be \$550	ign Fina dibution.	ncing 🗆	\$5.00 May B Added to Fees	•			•				
10.	P.S	OFFICERS AN	D DIREC		11.		ADDITIO	MS/C	HANGES TO OFFI	CERS AND			
HAME STREET ADDRESS	KRONER 8980 S.W	, BARBARA S 7. 68TH PLACE		☐ Delete		ET ADDRESS					☐ Change	Addition	
CITY-ST-ZIP	MIAMI, FI	L 33156		☐ Delete	TITL	- \$1 - ZLP		-			☐ Change	☐ Addition	
NAME	KRONER, RANDY					E							
STREET ADDRESS CITY-ST-ZIP	8990 S.W. 68TH PLACE MIAMI, FL 33156					ET ADDRESS -ST-ZIP							
TITLE				☐ Delete	TITL						☐ Change	☐ Addition	
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TALE				☐ Deteta	TITU						☐ Change	Addition	
NAME STREET ADDRESS					STRE	E ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
12. I hereby certify that the information supplied with this filling 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 truster ampowered 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 appears, with all other like expowered.													

SIGNATURE: BIGHATURE AND TYPED OR PRINTED HAME GO

3/27/06 305-661-5069
Detail Deptition Prome #