


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P06000013888</b>	
--------------------------------	---

1. Entity Name  
SKBF, INC.

Principal Place of Business  
2888 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33306

Mailing Address  
2888 EAST OAKLAND PARK BLVD.  
FORT LAUDERDALE, FL 33306



01082008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-4261720	Applied For Not Applicable
-----------------------------	-------------------------------

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

**8. Name and Address of Current Registered Agent**

WACHS, JEFFREY S ESQ.  
1177 S.E. 3RD AVENUE  
FORT LAUDERDALE, FL 33316

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000822247  
02/19/08-90059-015 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FORKEY, RUSSELL L 2888 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD FORKEY, SUSAN 2888 EAST OAKLAND PARK BLVD. FORT LAUDERDALE, FL 33306
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-08 954-568-4441  
Date Daytime Phone #