

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000064407

Entity Name: SKOKIE HOLDINGS, INC.

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

3000 SW 22ND STREET #903
CORAL GABLES, FL 33145

New Principal Place of Business:

1172 S. DIXIE HWY
#184
CORAL GABLES, FL 33146

Current Mailing Address:

3000 SW 22ND STREET #903
CORAL GABLES, FL 33145

New Mailing Address:

1172 S. DIXIE HWY
#184
CORAL GABLES, FL 33146

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CARLSON, JUDITH C
1812 NW 36TH COURT
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CARLSON, KEVIN
Address: 3000 SW 22ND STREET #903
City-St-Zip: CORAL GABLES, FL 33145

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CARLSON, KEVIN
Address: 1172 S. DIXIE HWY #184
City-St-Zip: CORAL GABLES, FL 33146

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN CARLSON

P

07/06/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date