## **2008 FOR PROFIT CORPORATION**

## **ANNUAL REPORT**

DOCUMENT # P06000082493 1. Entity Name SKS CONSULTING OF SOUTH FLORIDA CORP.





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BOCA RATON, FL 33487 US BOCA RATON, EL 33487  Z. Principal Place of Business - No P.O. Box # 3. Mailing Address  Sultia, Apl. #, etc.	950 PENINSULA CORPORATE CIRCLE						,	ş · 4 · ·			
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City & State  Country  Coun	2. Principal Place of Business - No P.O. Box # 3		3. Mailing Address	3. Mailing Address							
20 Country Zip Country 5. Country	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			08282008	Chg-P	CR2E03	4 (12/06)	
S. Certificate of Saturus General Registered Agent  O'LEARY, GEORGE G 8508 CONTEMPO LANE BOCA RATON, FL 33433  City  FL Zip Code  Street Address (P.O. Box Number is Not Acceptable)  City  FL Zip Code  City  FL Zip Code  City  FL Zip Code  City  FL Square agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida.  I must be provided agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept me obligations of registered agent, or bot	City & State		City & State	City & State						<del></del>	
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Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code		050005.0			Name						
B. 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 however protect name of registered agent and talled a porticular.   (NOTE Registered Agent upgrature required require	6506 CON	TEMPO LANE			Street Add	eet Address (P.O. Box Number is Not Acceptable)					
8. The above named entity submiss this statement for the purpose of changing its registered agent, or both, in the State of Florida. Tam familiar with, and accept the obligations of registered agent.    SIGNATURE					City					Zip Coc	de
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indicated on this report or supplied with this nilling does not qualify for the exemptions contained in Chapter 119. Florida Statutes, I further certify that the information indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 of the receiver.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytme Phone #