


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2007 8:00 am**  
**Secretary of State**

07-02-2007 90037 046 \*\*\*158.75

<b>DOCUMENT # P06000148569</b> 1. Entity Name <b>SK MANAGEMENT CORPORATION</b>					
Principal Place of Business <b>12300 CLASSIC DRIVE CORAL SPRINGS, FL 33071</b>			Mailing Address <b>12300 CLASSIC DRIVE CORAL SPRINGS, FL 33071</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20:5973396</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>KARP, BRUCE 12300 CLASSIC DRIVE CORAL SPRINGS, FL 33071</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> 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) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P KARP, STEPHANIE 12300 CLASSIC DRIVE CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP KARP, BRUCE 12300 CLASSIC DRIVE CORAL SPRINGS, FL 33071</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE: <i>Stephanie Karp</i> (Stephanie Karp)</b>				<b>July 19, 2007 954 575-0933</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

ATTACHMENT  
66020608

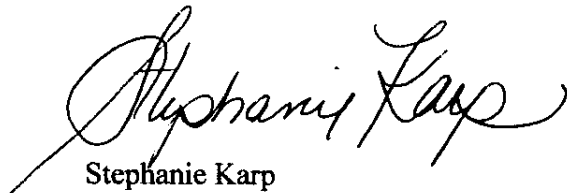
SK Management Corporation  
12300 Classic Drive  
Coral Springs, Fl. 33071  
July 17, 2007

RE: P06000148569

Florida Dept of State  
P.O. Box 1500  
Tallahassee, Fl 32302  
Dear Sirs:

Enclosed please see revised annual report. As per your instructions I reprinted the form.  
Please correct the late fee application. The \$150 fee and the \$8.75 payment for a  
certificate of status is already in your possession.  
Thank you for your assistance in this regard.

Yours truly,



Stephanie Karp