2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P06000148569



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

Suite, Apl. #, etc. Suite, Apl. #, etc. Suite City & State City & State A. FEI Number Applied Applied	Entity Name SK MANAGEMENT CORPORATION							07-02-2007	90037 04	6 ***158	3.75	
2. Principal Place of Business - No P.O. Box # 3. Mailing Address Sales, Apt. #. etc.	Principal Place of Business Mailing Address											
Suite, ApJ. #, etc. Suite			071									
City & State Country Country Country S. Certificate of Status Desired S. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent T. Name and Address of New Registered Agent City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code Street Address (P.O. Box Number is Not Acceptable)	2. Principal P	lace of Busir	ness - No P.O. Box #	3. Mailing Address	3. Mailing Address							
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S. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Name Sireer Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, is the State of Florida. I am familiar with, and a the obligations of registered agent. Signature Signature Signature Signature Signature Signature Signature OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 Iffile NAME KARP, STEPHANIE 12300 CLASSIC DRIVE CORAL SPRINGS, FL 33071 TILE VARP, STEPHANIE 12300 CLASSIC DRIVE CORAL SPRINGS, FL 33071 TILE VARP, STEPHANIE 1300 CLASSIC DRIVE CORAL SPRINGS, FL 33071 Delete Iffile NAME KARP, BRUCE 1300 CLASSIC DRIVE CORAL SPRINGS, FL 33071 Delete Iffile NAME SIREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 Delete Iffile NAME SIREET ADDRESS CITY-ST-ZIP TILE NAME SIREET ADDRESS CITY-ST-ZIP Delete NAME SIREET ADDRESS CITY-ST-ZIP Change	City & State			City & State			4. FEI Numb	973396	,		plied For t Applicable	
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Trust Fund Contribution. Added to Fees Corporation did not receive the prior notice	SIGNATURE_	Signature, typed	or printed name of registered agent	and title if applicable (NOTE	Registered Agent signalu	ne required	when reinstaling)		DATE	*****		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME NAME								In accordance corporation did	with s. 607.1 not receive	93(2)(b), the prior r	F.S., the notice.	
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CITY-ST-ZIP CITY-ST-ZIP	name Street address			☐ Delete	NAME STREET ADDRESS		-			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further 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 supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes.	NAME STREET ADDRESS CITY-ST-ZIP				NAME STREET ADDRESS CITY-ST-ZIP						Addition	

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 off 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 is changed, or on an attachment with an address, with all their like empowered.



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