

**2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000000845

**FILED**  
**Oct 01, 2008**  
**Secretary of State****Entity Name:** SKILLUS WHOLESALE INC**Current Principal Place of Business:**3801 SW 47TH AVENUE  
SUITE 503  
DAVIE, FL 33314**New Principal Place of Business:****Current Mailing Address:**3801 SW 47TH AVENUE  
SUITE 503  
DAVIE, FL 33314**New Mailing Address:****FEI Number:** 20-8147223      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**GASS, DANIEL G  
10001 NW 50TH STREET  
SUITE 204  
SUNRISE, FL 33351 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: ESQUILINO, JOHN  
Address: 3801 SW 47TH AVENUE SUITE 503  
City-St-Zip: DAVIE, FL 33314

Title: V ( ) Delete  
Name: ESQUILINO, LUCY  
Address: 3801 SW 47TH AVENUE SUITE 503  
City-St-Zip: DAVIE, FL 33314

Title: T ( ) Delete  
Name: PARIS, MARCELO  
Address: 3801 SW 47TH AVENUE  
City-St-Zip: DAVIE, FL 33314

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: ESQUILINO, JOHN MR.  
Address: 3801 SW 47TH AVENUE SUITE 503  
City-St-Zip: DAVIE, FL 33314

Title: V (X) Change ( ) Addition  
Name: ESQUILINO, LUCY K MRS.  
Address: 3801 SW 47TH AVENUE SUITE 503  
City-St-Zip: DAVIE, FL 33314

Title: D (X) Change ( ) Addition  
Name: MARCONDES, GIL MR.  
Address: 3801 SW 47TH AVENUE, 503  
City-St-Zip: DAVIE, FL 33314

Title: D ( ) Change (X) Addition  
Name: MARCONDES, MELISSA E MRS.  
Address: 3801 SW 47TH AVENUE, 503  
City-St-Zip: DAVIE, FL 33314

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: JOHN ESQUILINO

P

10/01/2008

Electronic Signature of Signing Officer or Director

Date