## 2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P07000000845

Entity Name: SKILLUS WHOLESALE INC

**FILED** Aug 11, 2011 Secretary of State

**Current Principal Place of Business:** 

**New Principal Place of Business:** 

3801 SW 47TH AVENUE

SUITE 503

**DAVIE, FL 33314** 

**Current Mailing Address:** 

**New Mailing Address:** 

3801 SW 47TH AVENUE SUITE 503

**DAVIE, FL 33314** US

FEI Number: 20-8147223

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

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ESQUILINO, JOHN MR 3801 SW 47TH AVENUE SUITE 503 DAVIE, FL 33314 US

MARCONDES, GIL MR 3801 SW 47TH AVENUE SUITE 503 DAVIE, FL 33314 US

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: GIL MARCONDES

08/11/2011

Electronic Signature of Registered Agent

Date

## **OFFICERS AND DIRECTORS:**

Title:

MARCONDES, GIL MR. Name:

3801 SW 47TH AVENUE SUITE 503 Address:

City-St-Zip: DAVIE, FL 33314 US

Title: VΡ

MARCONDES, MELISSA MRS. Name: 3801 SW 47TH AVENUE SUITE 503 Address:

DAVIE, FL 33314 US City-St-Zip:

Title:

KISLAK, GREGORY MR. Name: 3801 SW 47TH AVENUE, 503 Address:

City-St-Zip: DAVIE, FL 33314 US

Title:

MARCONDES, MELISSA MRS. Name: Address: 3801 SW 47TH AVENUE, 503

City-St-Zip: **DAVIE, FL 33314** 

I hereby 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 all other like empowered.

Ρ SIGNATURE: GIL MARCONDES 08/11/2011