## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P93000036329 S & K PROPERTIES, INC. OF MIAMI Principal Place of Business Mailing Address 11077 NW 36 AVE 11077 NW 36 AVE MIAMI, FL 33167 MIAMI, FL 33167

**FILED** Jan 24, 2005 08:00 AM Secretary of State



00	NOT	WRITE	IN	THIS	CDACE	01002000	rto ong-r
					SFACE	4. FEI Number	

Applied For Not Applicable 65-0482810 

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

CR2E034 (10/03)

6. Name and Address of Current Registered Agent

YU, STANLEY E 11077 NW 36 AVE MIAMI, FL 33167

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)  DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees							
10.	OFFICERS AND DIREC	TORS								
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YU, STANLEY F 8538 GLENCAIRN LN MIAMI LAKE, FL 33016			U00000189765 U1724705-80103-024 15000						
TITLE NAME STREET ADDRESS GITY-ST-ZIP	V YEE, KAN 6030 NW 62ST PARKLAND, FL 33067									
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN.	THIS SPACE						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				· <u>—</u> ··						
TITLE NAME STREET ADDRESS CITY-ST-ZIP				-						
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.										

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR