2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000077322

1. Entity Name
SKIPPER PUBLISHING, INC.

Principal Place of Business	Mailing Address
2105 NW 102 AVE. MIAMI, FL 33172	2105 NW 102 AVE. C/O SOUTHEAST PERIODICALS & BOOK SALES MIAMI, FL 33172

DO NOT WRITE IN THIS SPACE

01132004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0548184
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BRUNJES, ROBERT
2105 NW 102 AVE.
MIAMI, FL 33172-1983

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000088114
03/15/04-80080-006 158.75

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	GELFAND, WILMA
STREET ADDRESS	ONE EXECUTIVE DR #151
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	D
NAME	GELFAND, DANIEL
STREET ADDRESS	ONE EXECUTIVE DR #151
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	D
NAME	GELFAND, DOUGLAS
STREET ADDRESS	ONE EXECUTIVE DR #151
CITY-ST-ZIP	SOMERSET, NJ 08873
TITLE	V
NAME	BOHORQUES, JOSE A
STREET ADDRESS	8385 SW 21 ST.
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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.

SIGNATURE: _____ 3/12/04 305-592-3919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #