

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90189 022 \*\*\*158.75

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04202005 Chg-P CR2E034 (10/03)

|   |  |  |  |  |  |
|---|--|--|--|--|--|
| <b>DOCUMENT # P94000077322</b><br>1. Entity Name<br>SKIPPER PUBLISHING, INC.  |  |  |  |  |  |
| Principal Place of Business<br>2105 NW 102 AVE.<br>MIAMI, FL 33172  |  |  | Mailing Address<br>2105 NW 102 AVE.<br>C/O SOUTHEAST PERIODICALS & BOOK SALES<br>MIAMI, FL 33172 |  |  |
| 2. Principal Place of Business  |  | 3. Mailing Address   |  |  |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |  |  |  |
| City & State  |  | City & State   |  |  |  |
| Zip   | Country  | Zip  | Country  | 4. FEI Number<br>65-0548184  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required   |  |  |  | Applied For<br><input type="checkbox"/> Not Applicable                       |  |
| 6. Name and Address of Current Registered Agent   |  |  | 7. Name and Address of New Registered Agent  |  |  |
| BRUNJES, ROBERT<br>2105 NW 102 AVE.<br>MIAMI, FL 33172-1983   |  |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code                |  |  |
| 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 _____ (NOTE: Registered Agent signature required when reissuing)<br><small>Signature typed or printed name of registered agent and date if applicable</small>   |  |  |  |  |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2005 Fee will be \$550.00</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |  |  |  |
| 10. OFFICERS AND DIRECTORS  |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GELFAND, WILMA<br>ONE EXECUTIVE DR #151<br>SOMERSET, NJ 08873   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GELFAND, DANIEL<br>ONE EXECUTIVE DR #151<br>SOMERSET, NJ 08873  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>GELFAND, DOUGLAS<br>ONE EXECUTIVE DR #151<br>SOMERSET, NJ 08873 |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>BOHORQUES, JOSE A<br>9385 SW 21 ST.<br>MIAMI, FL                |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | CONTROLLER<br>ORLANDO ROMERO<br>2105 NW 102 AVE<br>MIAMI, FL 33172           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| 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:<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |  |  | 4/20/05 305-592-3919<br><small>Date Daytime Phone #</small>                                      |  |  |