

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

Sunbiz.org

**FILED**

**May 01, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P94000092795

1. Entity Name  
SKILS FAMILY, INC.



Principal Place of Business  
3990 SHERIDAN STREET  
SUITE 210  
HOLLYWOOD, FL 33021

Mailing Address  
3990 SHERIDAN STREET  
SUITE 210  
HOLLYWOOD, FL 33021



03102006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0548013	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

FARBER, STUART MD  
3990 SHERIDAN STREET  
HOLLYWOOD, FL 33021

**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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	DP
NAME	FARBER, STUART MD
STREET ADDRESS	3990 SHERIDAN STREET SUITE 210
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	M
NAME	ZELNICK, EDWARD J MD
STREET ADDRESS	3990 SHERIDAN STREET STE 210
CITY-ST-ZIP	HOLLYWOOD, FL 33021

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

000000552603  
05/15/06-80018-008 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/06 954 964 6881  
Date Daytime Phone #