

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000092795

Entity Name: SKILS FAMILY, INC.

FILED
Apr 17, 2009
Secretary of State

Current Principal Place of Business:

3990 SHERIDAN STREET
SUITE 210
HOLLYWOOD, FL 33021

Current Mailing Address:

3389 SHERIDAN ST
STE. 192
HOLLYWOOD, FL 33021

New Principal Place of Business:

3389 SHERIDAN STREET
SUITE 192
HOLLYWOOD, FL 33021

New Mailing Address:

3389 SHERIDAN STREET
SUITE 192
HOLLYWOOD, FL 33021

FEI Number: 65-0548013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARBER, STUART MD
3990 SHERIDAN STREET
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

FARBER, STUART MD
3560 NORTH 55TH AVENUE
HOLLYWOOD, FL 33021 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:

04/17/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: FARBER, STUART MD
Address: 3990 SHERIDAN STREET SUITE 210
City-St-Zip: HOLLYWOOD, FL 33021

Title: M () Delete
Name: ZELNICK, EDWARD J MD
Address: 3990 SHERIDAN STREET STE 210
City-St-Zip: HOLLYWOOD, FL 33021

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: FARBER, STUART MD
Address: 3560 N. 55 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

Title: M (X) Change () Addition
Name: ZELNICK, EDWARD J MD
Address: 3620 N. 52 AVENUE
City-St-Zip: HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STUART P.FARBER, MD

DP

04/17/2009

Electronic Signature of Signing Officer or Director

Date