

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P97000009331	
1. Entity Name SHOPPES OF SKYLAK, INCORPORATED	

Principal Place of Business 18371 N.E. 19 AVENUE NORTH MIAMI BEACH, FL 33180 US	Mailing Address 3445 HOLLYWOOD OAKS DRIVE HOLLYWOOD, FL 33312 US
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DO NOT WRITE IN THIS SPACE

01052006 No Chg-P CR26034 (11/06)

4. FEI Number 65-0740290	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**HAYSON, RUSSELL M
450 NORTH PARK ROAD
SUITE 902
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 reappointing)

U00000522444

05/03/06-00024-024 150.00

**FILE NOW!!! FEE IS \$180.00
After May 1, 2006 Fee will be \$650.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS/D COHEN, MOISHE 3445 HOLLYWOOD OAKS DRIVE HOLLYWOOD, FL 33312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COHEN, ZIPORA 3445 HOLLYWOOD OAKS DRIVE FT LAUDERDALE, FL 33312
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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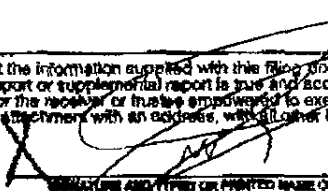
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 207, 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 fee empowered.

SIGNATURE: 

MOISHE COHEN

Signature and typed or printed name of officer or director

Date

Signature Phone #