

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000009331

**FILED**  
**Mar 16, 2008**  
**Secretary of State**

**Entity Name:** SHOPPES OF SKYLAKE, INCORPORATED

**Current Principal Place of Business:**

18371 N.E. 19 AVENUE  
NORTH MIAMI BEACH, FL 33180 US

**New Principal Place of Business:**

**Current Mailing Address:**

3445 HOLLYWOOD OAKS DRIVE  
HOLLYWOOD, FL 33312 US

**New Mailing Address:**

**FEI Number:** 65-0740290

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAYSON, RUSSELL M  
450 NORTH PARK ROAD  
SUITE 302  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PSTD ( ) Delete  
Name: COHEN, MOISHE  
Address: 3445 HOLLYWOOD OAKS DRIVE  
City-St-Zip: HOLLYWOOD, FL 33312

Title: VP ( ) Delete  
Name: COHEN, ZIPORA  
Address: 3445 HOLLYWOOD OAKS DRIVE  
City-St-Zip: FT LAUDERDALE, FL 33312

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PSTD (X) Change ( ) Addition  
Name: COHEN, MOSHE  
Address: 3445 HOLLYWOOD OAKS DRIVE  
City-St-Zip: HOLLYWOOD, FL 33312

Title: VP (X) Change ( ) Addition  
Name: COHEN, MIRIAM Z  
Address: 3445 HOLLYWOOD OAKS DRIVE  
City-St-Zip: FT LAUDERDALE, FL 33312

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:** MOSHE COHEN

PSTD

03/16/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date