

2007
**2006 FOR PROFIT CORPORATION
 ANNUAL REPORT (AR)**

DOCUMENT # P97000084991

1. Entity Name

ESKIMO INTERNATIONAL, INC.



*FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

07 FEB 19 PM 2:42

Principal Place of Business

330 S.W. 27TH AVE.
 SUITE 502
 MIAMI FL 33135

Mailing Address

330 S.W. 27TH AVE.
 SUITE 502
 MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

2655 COLLINS AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

APT. # 806

City & State

City & State
 MIAMI BEACH, FLA

Zip

Country

Zip

Country

33140

U.S.A.

1st MOORE

CR2E034 (10/05)

4. FEI Number

59-3471022

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

QUITIAN, MARIA ANTONIA ESQ
 330 S.W. 27TH AVE.
 SUITE 502
 MIAMI FL 33135

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when consolidating)

DATE

700089282397

02/27/07--01001--021 **150.00

FILE NOW!!! FEE IS \$150.00.

After May 1, 2006 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
 NAME LIMONTA, OSCAR R
 STREET ADDRESS 2642 COLLINS AVE., #410
 CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE V ☐ Delete
 NAME QUITIAN, MARIA A
 STREET ADDRESS 330 SW 27TH AVE., #502
 CITY-ST-ZIP MIAMI FL 33135

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 STREET ADDRESS
 CITY-ST-ZIP

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 NAME
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 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Maria A. Quitian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #