


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 21, 2008 8:00 am
Secretary of State

05-21-2008 90027 045 ***150.00

DOCUMENT # P97000084991	
1. Entity Name ESKIMO INTERNATIONAL, INC.	

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
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2. Principal Place of Business - No P.O. Box # 2655 COLLINS AVENUE	3. Mailing Address 2655 COLLINS AVE.
Suite, Apt. #, etc. 806	Suite, Apt. #, etc. 806

1st MOORE CR2E034 (10/06)

City & State MIAMI BEACH, FL.	City & State MIAMI BEACH, FL.
Zip 33140	Country DADE

4. FEI Number 59-3471022	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent QUITIAN, MARIA ANTONIA ESQ. 330 S.W. 27TH AVE. SUITE 502 MIAMI FL 33135	
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7. Name and Address of New Registered Agent	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LIMONTA, OSCAR R 2642 COLLINS AVE., #410 MIAMI BEACH FL 33140 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V QUITIAN, MARIA A 330 SW 27TH AVE., #502 MIAMI FL 33135 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 April 26th, 2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #