

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 8:00 am
Secretary of State

01-07-2008 90038 021 ***150.00

DOCUMENT # P99000027461 1. Entity Name SILKMASTER DEPOT, INC.																											
Principal Place of Business 5200 N. FEDERAL HWY SUITE 6 FORT LAUDERDALE, FL 33308		Mailing Address 5200 N. FEDERAL HWY SUITE 6 FORT LAUDERDALE, FL 33308																									
2. Principal Place of Business - No P.O. Box # 1321 SE 5th Avenue Suite, Apt. #, etc.		3. Mailing Address 1321 SE 5th Avenue Suite, Apt. #, etc.																									
City & State Pompano Beach FL Zip 33060		City & State Pompano Beach FL Zip 33060																									
Country USA		Country USA																									
4. FEI Number 65-0921384		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent LOCKE, DAVID 5200 N. FEDERAL HWY SUITE 6 FORT LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1321 SE 5th Avenue City Pompano Beach FL																									
Zip Code 33060		Zip Code 33060																									
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 <u>David Locke</u> DATE <u>1/3/08</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">D</td> <td style="width: 10%; text-align: center;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>LOCKE, DAVID R</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5200 N. FEDERAL HWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FORT LAUDERDALE, FL 33308</td> <td></td> </tr> </table>		TITLE	D	☐ Delete	NAME	LOCKE, DAVID R		STREET ADDRESS	5200 N. FEDERAL HWY		CITY-ST-ZIP	FORT LAUDERDALE, FL 33308		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">President</td> <td style="width: 10%; text-align: center;">☒ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>David Locke</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1321 SE 5th Avenue</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>Pompano Beach FL 33060</td> <td></td> </tr> </table>		TITLE	President	☒ Change ☐ Addition	NAME	David Locke		STREET ADDRESS	1321 SE 5th Avenue		CITY-ST-ZIP	Pompano Beach FL 33060	
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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 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: <u>David Locke</u>		DATE: <u>1/3/08</u>																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		PHONE: <u>954-489-7455</u>																									