#### 2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

### **DOCUMENT # P99000079011**

1. Entity Name SKI GP. INC.



Principal Place of Business

4400 PGA BLVD, SUITE 900 PALM BEACH GARDENS, FL 33410 Mailing Address

C/O GERALD F. RICHMAN 250 SO. AUSTRALIAN AVE., #1504 WEST PALM BEACH, FL 33401

## **FILED** Mar 26, 2007 08:00 AM Secretary of State

Fee Required



DO NOT WOITE IN THIS COACE	01002007 NO Clig-F	01062007 No Clig-F Ch2E034 (11705)		
DO NOT WRITE IN THIS SPACE	4. FEI Number		I A	Applied For
	65-0955169			Not Applica
	5 Cartificate of Status Desired		<b>\$8.75</b> Ad	dditional

6. Name and Address of Current Registered Agent

RICHMAN, GERALD F 250 SO. AUSTRALIAN AVE., #1504 WEST PALM BEACH, FL 33401

## DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired

	bove named entity submits this statement for the poligations of registered agent.	purpose of changing its registered office or registered agent, or	both, in the State of Florida. I am familiar with, and accep
SIGNATI			
	Signature, typed or printed name of registered agent and title	If applicable (NOTE: Registered Agent signature required when reinstating)	DATE
	FILE NOW!!! FEE IS \$150.00 r May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees	U00000680461 04/03/07-80079-016 150.00
10.	OFFICERS AND DIREC	CTORS	
TITLE	PT		
*****	DICHMAN CEDALDE		

#### STREET ADDRESS 250 AUSTRALIAN AVE S STE 1504 CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE NAME PEARSON, GEORGIA S STREET ADDRESS 4111 SAN AMARO DR CITY-ST-ZIP CORAL GABLES, FL 33146 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP fifti F NAME STREET ADDRESS

# DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 the time empowered.

**SIGNATURE:** 

561 803 3500