


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2008 8:00 am
Secretary of State


04-10-2008 90017 006 ***150.00

DOCUMENT # P99000091137	
--------------------------------	---

1. Entity Name SKILLFUL LIVING, P.A.	Principal Place of Business 3600 S STATE RD 7 218 MIRAMAR, FL 33023	Mailing Address 3600 S STATE RD 7 218 MIRAMAR, FL 33023
--	---	---

2. Principal Place of Business - No P.O. Box # 2495 NW 187 AVE	3. Mailing Address P.O. Box 297215
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Pembroke Pines, FL	City & State Pembroke Pines, FL
Zip 33029	Zip 33029
Country USA	Country USA

	
04062008	Chg-P CR2E034 (12/06)
4. FEI Number 65-0950916	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SILVER, MAUDE RNCLMFT 2495 NW 187 AVE PEMBROKE PINES, FL 33029	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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME SILVER, MAUDE STREET ADDRESS 2020 NE 163 STREET CITY-ST-ZIP N MIAMI BEACH, FL 33162	<input type="checkbox"/> Delete	TITLE P NAME SILVER, MAUDE STREET ADDRESS 2495 NW 187 AVE CITY-ST-ZIP Pembroke Pines FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE C NAME BRYAN, EDNA STREET ADDRESS 19445 NW 19 COURT CITY-ST-ZIP MIAMI, FL 33056	<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	<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	<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	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: MAUDE SILVER **4/07/08** **954 322 8898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #