


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 09, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S13704</b> 1. Entity Name <b>SKABATS, INC.</b>	
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<b>Principal Place of Business</b> 17395 NO. BAY ROAD #206 MIAMI BEACH, FL 33160 US	<b>Mailing Address</b> C/O STUART KALISHMAN C.P.A. 17395 NO. BAY ROAD SUITE #206 MIAMI BEACH, FL 33160
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DO NOT WRITE IN THIS SPACE



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0228467</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

KALISHMAN, STUART  
17395 NORTH BAY ROAD  
SUITE #206  
SUNNY ISLES BEACH, FL 33160

DO NOT WRITE  
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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: \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP KALISHMAN, STUART 17395 NORTH BAY ROAD, # 206 SUNNY ISLES BEACH, FL 33160
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST KALISHMAN, STUART 17395 NORTH BAY ROAD, # 206 SUNNY ISLES BEACH, FL 33160
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01/12/04-80004-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 47 other like empowered.

**SIGNATURE:** Stuart Kalishman **STUART KALISHMAN** 01-06-04 **(305) 935-1040**

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