

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # S13704

1. Entity Name
SKABATS, INC.



Principal Place of Business

17395 NO. BAY ROAD #206
SUNNY ISLES BEACH, FL 33160 US

Mailing Address

C/O STUART KALISHMAN C.P.A.
17395 NO. BAY ROAD SUITE #206
SUNNY ISLES BEACH, FL 33160

FILED
May 01, 2006 08:00 AM
Secretary of State



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01132006 No Chg-F CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

U000000556213
05/16/06-80063-023 150.00

10.

OFFICERS AND DIRECTORS

TITLE DP
NAME KALISHMAN, STUART
STREET ADDRESS 17395 NORTH BAY ROAD, # 206
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE ST
NAME KALISHMAN, STUART
STREET ADDRESS 17395 NORTH BAY ROAD, # 206
CITY-ST-ZIP SUNNY ISLES BEACH, FL 33160

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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, without prior like empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-2006 (305) 935-1040

Date

Daytime Phone #