2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State
05-05-2008 90238 015 ***150.00

DOCUMENT # S13704

1. Entity Name
SKABATS, INC.

Principal Place of Business	Mailing Address
17395 NO. BAY ROAD #206 SUNNY ISLES BEACH, FL 33160	C/O STUART KALISHMAN C.P.A. 17395 NO. BAY ROAD SUITE #206 SUNNY ISLES BEACH, FL 33160

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3133 South Ocean Drive	C/o Stuart Kalishman C.P.A.
Suite, Apt. #, etc. Unit 119	Suite, Apt. #, etc. 3133 South Ocean Drive Unit 119
City & State Hallandale Beach, Florida	City & State Hallandale Beach, Florida
Zip: 33009 Country: Broward	Zip: 33009 Country: Broward

04302008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0228467
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KALISHMAN, STUART 17395 NORTH BAY ROAD SUITE #206 SUNNY ISLES BEACH, FL 33160	Name: Kalishman, Stuart Street Address (P.O. Box Number is Not Acceptable): 3133 South Ocean Drive Unit # 119 City: Hallandale Beach FL Zip Code: 33009

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: Stuart Kalishman April 30, 2008
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
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP KALISHMAN, STUART 17395 NORTH BAY ROAD, # 206 SUNNY ISLES BEACH, FL 33160	☐ Delete	DP Kalishman, Stuart 3133 South Ocean Drive Unit 119 Hallandale Beach, Florida 33009	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST KALISHMAN, STUART 17395 NORTH BAY ROAD, # 206 SUNNY ISLES BEACH, FL 33160	☐ Delete	ST Kalishman, Stuart 3133 South Ocean Drive Unit 119 Hallandale Beach, Florida 33009	☒ Change	☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change	☐ 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: April 30, 2008 (305) 935-1040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #