

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S30384

FILED
Apr 20, 2009
Secretary of State

Entity Name: S & K PROPERTY MANAGEMENT, INC.

Current Principal Place of Business:

150 ALHAMBRA CIRCLE
STE 800
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

150 ALHAMBRA CIRCLE
STE 800
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0270214 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CARTAYA, LIDIA
7500 SW 87 CT
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BUCKREUS, GERTI
Address: 150 ALHAMBRA CIR, STE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: VS () Delete
Name: CARTAYA, LIDIA
Address: 150 ALHAMBRA CIR, STE. 800
City-St-Zip: CORAL GABLES, FL 33134

Title: AV () Delete
Name: HERNANDEZ, FRANK
Address: 150 ALHAMBRA CIRCLE, STE 800
City-St-Zip: CORAL GABLES, FL 33134

Title: V () Delete
Name: KUCZURBA, DIRK
Address: 150 ALHAMBRA CIRCLE, STE 800
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIDIA CARTAYA

VS

04/20/2009

Electronic Signature of Signing Officer or Director

Date