2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008
Secretary of State

DOCUMENT# L01923

Entity Name: SHEBA INTERNATIONAL, INC.

Current Principal Place of Business:

3549 GULFSTREAM WAY
DAVIE, FL 33328 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 291072
DAVIE, FL 33329 US

New Mailing Address:

FEI Number: 65-0133902 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARCIA, ADA
3549 GULFSTREAM WAY
DAVIE, FL 33328 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: DPS ( ) Delete
Name: GARCIA, ADA,
Address: P.O. BOX 291072
City-St-Zip: MIAMI, FL 33329 US

Title: T ( ) Delete
Name: GARCIA, ORLANDO,
Address: P.O. BOX 291072
City-St-Zip: DAVIE, FL 33329 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: GARCIA, ORLANDO,
Address: P.O. BOX 291072
City-St-Zip: DAVIE, FL 33329 US

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: ADA GARCIA PRES 02/28/2008

Electronic Signature of Signing Officer or Director Date