

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M32612

FILED
Jan 08, 2010
Secretary of State

Entity Name: SHANNA OF MIAMI, INC.

Current Principal Place of Business:

2805 NORTH STATE ROAD 7
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

2805 NORTH STATE ROAD 7
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-2673043

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEDERICI, SONDR
2805 NORTH STATE ROAD 7
HOLLYWOOD, FL 33021 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: VP
Name: FEDERICI, SONDR
Address: 2805 N STATE RD 7
City-St-Zip: HOLLYWOOD, FL

Title: P
Name: LEWIN, NAOMI
Address: 2805 N. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP
Name: FEDERICI, JAMES
Address: 2805 NO. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP
Name: HERNANDEZ, RHONDA
Address: 2805 NO. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP
Name: LEWIN, CURT
Address: 2805 NO. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP
Name: LEWIN, HARLEY
Address: 2805 NO. STATE ROAD 7
City-St-Zip: HOLLYWOOD, FL 33021

I hereby 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 all other like empowered.

SIGNATURE: SONDR FEDERICI

VP

01/08/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date