

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000068194

1. Entity Name
 SHACHNOW ENTERPRISES, INC.



Principal Place of Business
 C/O ENGELBERG & MILGRIM, P.L.
 3230 STIRLING RD., STE. 1
 HOLLYWOOD, FL 33021

Mailing Address
 C/O ENGELBERG & MILGRIM, P.L.
 3230 STIRLING RD., STE. 1
 HOLLYWOOD, FL 33021



03122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 65-1120787 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS
 C/O ENGELBERG & MILGRIM, P.L.
 3230 STIRLING RD., STE. 1
 HOLLYWOOD, FL 33021

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

U00000300564
 04/12/05-80023-024 150.00

10. OFFICERS AND DIRECTORS

TITLE D
 NAME CZOLACZ, LISA
 STREET ADDRESS 3230 STIRLING RD, STE 1
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
 NAME BANKER, NANCY
 STREET ADDRESS 3230 STIRLING RD, STE 1
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE D
 NAME SHACHNOW, MARJORIE
 STREET ADDRESS 3230 STIRLING RD, STE 1
 CITY-ST-ZIP HOLLYWOOD, FL 33021

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE: *Lisa Czolacz*
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-05 201-871-8694
 Date Daytime Phone #