

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 08:00 AM
Secretary of State


DOCUMENT # P01000068194
 1. Entity Name
SHACHNOW ENTERPRISES, INC.



Principal Place of Business
C/O ENGELBERG & MILGRIM, P.A.
4040 SHERIDAN ST
HOLLYWOOD, FL 33021

Mailing Address
YC/O ENGELBERG & MILGRIM, P.A.
4040 SHERIDAN ST
HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1120787	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ENGELBERG, MORRIS
C/O ENGELBERG & MILGRIM, P.A.
4040 SHERIDAN ST
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 *Lisa Czolacz* DATE 3-19-07

Signature, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CZOLACZ, LISA 4040 SHERIDAN ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BANKER, NANCY 4040 SHERIDAN ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHACHNOW, MARJORIE 4040 SHERIDAN ST HOLLYWOOD, FL 33021
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 05/10/07-80067-005 150.00

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: *Lisa Czolacz* Lisa Czolacz DATE 4/24/07 DAYTIME PHONE # 201-871-8694

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR