


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2008 08:00 A
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



01222008 No Chg-P CR2E034 (11/05)

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.A.
 4040 SHERIDAN ST
 HOLLYWOOD, FL 33021

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

UDD0000849342
 03/21/08-80017-001 150.00

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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*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-3-08 201-871 8694

Date Daytime Phone #