


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-12-2004 90647 039 ***150.00

DOCUMENT # P03000088794
 1. Entity Name
SHLEPAYENTA, INC.



Principal Place of Business Mailing Address
 8340 WEST OAKLAND PARK BLVD. 8340 WEST OAKLAND PARK BLVD.
 SUNRISE FL 33351 SUNRISE FL 33351

66415801

New address

2. Principal Place of Business 3. Mailing Address
 8395 W. OAKLAND PARK Blvd 8395 W. OAKLAND PARK Blvd
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite F Suite F

City & State City & State
 Sunrise FL Sunrise FL

Zip Country Zip Country
 33351 Broward 33351 Broward

6. Name and Address of Current Registered Agent
 LEWIS, EUGENE ESQ.
 7770 W. OAKLAND PARK BLVD.
 SUNRISE FL 33351

4. FEI Number Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent
 Name: DAVID J. WIDOM
 Street Address (P.O. Box Number is Not Acceptable):
 8395 W. OAKLAND PARK Blvd, Suite F
 City: Sunrise FL Zip Code: 33351

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, 2004 Fee will be \$550.00
 Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WIDOM, DAVID J	
STREET ADDRESS	8340 WEST OAKLAND PARK BLVD.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAGRASSO, CHRISTOPHER	
STREET ADDRESS	8340 WEST OAKLAND PARK BLVD.	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8395 W. OAKLAND PARK Blvd, Suite F	
CITY-ST-ZIP	SUNRISE FL. 33351	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8395 W. OAKLAND PARK Blvd Suite F	
CITY-ST-ZIP	SUNRISE, FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *David J. Widom, president* Date: *4/9/04*
 DAVID J. WIDOM (954) 741-1233