


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90091 015 ***150.00

DOCUMENT # P06000039292

1. Entity Name
SHAHEEN, INC.



Principal Place of Business
**5220 NORMANDY BLVD.
 JACKSONVILLE, FL 32205**

Mailing Address
**5220 NORMANDY BLVD.
 JACKSONVILLE, FL 32205**

2. Principal Place of Business - No P.O. Box #
2640 Cesary Blvd

3. Mailing Address,
1670 Biscayne Bay circle

Suite, Apt. #, etc. **7** Suite, Apt. #, etc.

City & State
Jacksonville FL

City & State
Jacksonville FL

Zip **32211** Country **U.S.A** Zip **32218** Country **U.S.A**



05052007 Chg-P CR2E034 (12/06)

8. Name and Address of Current Registered Agent

HEYDARI, SHAHIN
5220 NORMANDY BLVD.
JACKSONVILLE, FL 32205

4. FEI Number
20-4557043

Applied For
 Not Applicable

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

7. Name and Address of New Registered Agent

Name
HEYDARI, SHAHIN

Street Address (P.O. Box Number is Not Acceptable)
1670 Biscayne Bay Circle

City **Jacksonville** FL Zip Code **32218**

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: Shahin DATE: 5-5-2007

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

FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	HEYDARI, SHAHIN	5220 NORMANDY BLVD.	JACKSONVILLE, FL 32205	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Shahin DATE: 5-5-2007 DAYTIME PHONE #: 904-7445444

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #