

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000057687

Entity Name: SHAWN'S SERVICES, INC.

FILED
Mar 24, 2005
Secretary of State

Current Principal Place of Business:

7372 NW 49 PLACE
FORT LAUDERDALE, FL 33319

New Principal Place of Business:

Current Mailing Address:

7372 NW 49 PLACE
FORT LAUDERDALE, FL 33319

New Mailing Address:

FEI Number: 65-0929750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALEEM, SHAHID
7372 NW 49 PL
LAUDERHILL, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALEEM, SHAHID
Address: 8304 N.W. 73 AVE.
City-St-Zip: TAMARAC, FL 33321

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SALEEM, SHAHID
Address: 7372 NW 49TH PLACE
City-St-Zip: LAUDERHILL, FL 33319

Title: S () Change (X) Addition
Name: GONZALEZ, MARLENE
Address: 7372 NW 49TH PLACE
City-St-Zip: LAUDERHILL, FL 33319

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAHID SALEEM

P

03/24/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date