

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068194

FILED  
Apr 27, 2009  
Secretary of State

Entity Name: SHACHNOW ENTERPRISES, INC.

## Current Principal Place of Business:

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

## New Principal Place of Business:

39 JANE DRIVE  
ENGLEWOOD CLIFFS, NJ 07632

## Current Mailing Address:

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

## New Mailing Address:

39 JANE DRIVE  
ENGLEWOOD CLIFFS, NJ 07632

FEI Number: 65-1120787

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENGELBERG, MORRIS  
C/O ENGELBERG & MILGRIM, P.A.  
4040 SHERIDAN ST  
HOLLYWOOD, FL 33021 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: D ( ) Delete  
Name: CZOLACZ, LISA  
Address: 4040 SHERIDAN ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: BANKER, NANCY  
Address: 4040 SHERIDAN ST  
City-St-Zip: HOLLYWOOD, FL 33021

Title: D ( ) Delete  
Name: SHACHNOW, MARJORIE  
Address: 4040 SHERIDAN ST  
City-St-Zip: HOLLYWOOD, FL 33021

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: CZOLACZ, LISA  
Address: 39 JANE DRIVE  
City-St-Zip: ENGLEWOOD CLIFFS, NJ 07632

Title: D (X) Change ( ) Addition  
Name: BANKER, NANCY  
Address: 17 OAK HILL ROAD  
City-St-Zip: HARVARD, MA 01451

Title: D (X) Change ( ) Addition  
Name: SHACHNOW, MARJORIE  
Address: 535 VIEWRIDGE DRIVE  
City-St-Zip: ANGWIN, CA 94508

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA CZOLSCZ

PRES

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date