

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000068194

Entity Name: SHACHNOW ENTERPRISES, INC.**Current Principal Place of Business:**39 JANE DRIVE
ENGLEWOOD CLIFFS, NJ 07632**Current Mailing Address:**39 JANE DRIVE
ENGLEWOOD CLIFFS, NJ 07632**FEI Number:** 65-1120787**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ENGELBERG, MORRIS
C/O ENGELBERG & MILGRIM, P.A.
4040 SHERIDAN ST
HOLLYWOOD, FL 33021 US*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**Officer/Director Detail :**

| | |
|-----------------|---------------------------|
| Title | D |
| Name | CZOLACZ, LISA |
| Address | 39 JANE DRIVE |
| City-State-Zip: | ENGLEWOOD CLIFFS NJ 07632 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | BANKER, NANCY |
| Address | 81 DUNN ROAD |
| City-State-Zip: | ASHBURNHAM MA 01430 |

| | |
|-----------------|---------------------|
| Title | D |
| Name | SHACHNOW, MARJORIE |
| Address | 535 VIEWRIDGE DRIVE |
| City-State-Zip: | ANGWIN CA 94508 |

I hereby 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 all other like empowered.

SIGNATURE: LISA CZOLACZ**MEMBER****04/15/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date