


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 258687</b> 1. Entity Name <b>NANSHAR CORP.</b>	
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Principal Place of Business <b>1600 WEST AVE. MIAMI BEACH, FL 33139</b>	Mailing Address <b>1600 WEST AVE. #402 MIAMI BEACH, FL 33139</b>
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**DO NOT WRITE IN THIS SPACE**



02262008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1000689</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**GUMPEL, SHARON  
3318 OTTAWA LANE  
HOLLYWOOD, FL 33026**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reconstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<b>GUMPEL, SHARON 3318 OTTAWA LANE COOPER CITY, FL</b>
TITLE <b>SD</b>	<b>EPSTEIN, ROBIN 3267 NE 168TH ST. NORTH MIAMI BEACH, FL 33160</b>
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	
TITLE <b>NAME</b>	<b>STREET ADDRESS</b>
<b>CITY-ST-ZIP</b>	

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IN THIS SPACE**

UD00000842660  
03/11/08-80040-006 158.75

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:  **Sharon Gumpel** **2/28/08** **305 531-1177**

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