

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 471861

Entity Name: SHIFCO, INC.

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

2254 W. 77TH AVE  
HIALEAH, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

2254 W. 77TH AVE  
HIALEAH, FL 33016

**New Mailing Address:**

FEI Number: 59-1579671

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WEISE, MICHEL  
SUITE 303 ROLAND CONTINENTAL PLAZA  
3250 MARY STREET  
MIAMI, FL 33133 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: C ( ) Delete  
Name: HENRY B. LESHMAN  
Address: 7508 LA PAZ CT #201  
City-St-Zip: BOCA RATON, FL 33433

Title: P ( ) Delete  
Name: MARK E. PLATT  
Address: 18182 BLUE LAKE WAY  
City-St-Zip: BOCA RATON, FL 33498

Title: TS ( ) Delete  
Name: HYLLORI L. LESHMAN  
Address: 6229 OLD COURT RD #205  
City-St-Zip: BOCA RATON, FL 33433

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: HYLLORI L. LESHMAN

TS

04/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date