THE

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) 532522

DOCLIMENT #

Apr 24, 2003 8:00 am & Secretary of State

1. Entity Name SHIRMIL, INC.									04-24	-2003 9	0218 03	11 ***150	.00
Principal Plac 6085 ALTON I MIAMI BCH, F	RD.	s	6085	g Address ALTON RD. I BCH. FL 33140								1884 - 1 884 - 1888 1	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					CHECK HERE IF MAKING CHANGES					
City & State			City & State				4.	FEI Number 59-17	85431			oplied For - ot Applicable	
Zip Country			Zip		ry	5. Certificate of Status Desired S8.75 Addit Fee Required							
	6. Name	and Address of Current	Registere	ed Agent				7.	Name and Address o	f New Re	gistered	Agent	
			_		7	Name						_	
FEIDELMA	n, Stephe	N M.			ŀ	Chrt ^	alalyses - (D	0 -	Tourist wolco := N=+ At-	nan a ili			
1940 HARRISON ST						Street Address (P.D. Box Number is Not Acceptable)							
SUITE 300					Ì				<u> </u>				
		ido			ļ								
HOLLYWOOD FL 33020						City					FL	Zip Coc	le
	named entit tions of regist	y submits this statement fo tered agent.	r the purp	ose of changing its	registere	d office o	registered	d ag	gent, or both, in the Sta	ate of Flori	ida. I am	familiar with,	and accept
SIGNATURE .													_
Order to the Orice .	Signature, typed	or printed name of registered agent	and title if app	licable. (NOTE	: Registered	Agent signat	ure required w	hen r	einstating)		DATE		
FIÉE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State					_				9. Election Camp Trust Fund Co	-			00 May Be
10.													
10.		OFFICERS AND	DIRECTO	DC .	14			^-	DITIONS /CHANGES	TO OFFIC	SEDS AND	DIRECTOR	C INL 11
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NAME	FEIDELMA	N, MILTON J.	DIRECTO		TITLE			ΑC	L DDITIONS/CHANGES	TO OFFIC	CERS AND		
NAME STREET ADDRESS	FEIDELMA 6085 ALTO	N, MILTON J. ON ROAD	DIRECTO		TITLE NAME STREE	T ADDRESS		ΑC	L DDITIONS/CHANGES	TO OFFIC	CERS AND		
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12. I hereby certify that the information supplied with this filling does not qualify 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 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.