

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 588452

FILED
Apr 20, 2007
Secretary of State

Entity Name: ROBERT SHARF DEVELOPMENTS, INC.

Current Principal Place of Business:

14243 US HWY ONE
JUNO BEACH, FL 33408 US

New Principal Place of Business:

4600 MILITARY TRAIL, SUITE 215
JUPITER, FL 33458 US

Current Mailing Address:

14243 US HWY ONE
JUNO BEACH, FL 33408 US

New Mailing Address:

4600 MILITARY TRAIL, SUITE 215
JUPITER, FL 33458 US

FEI Number: 59-1959508

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHANEL, GLENN G
14243 U S HIGHWAY ONE
JUNO BEACH, FL 33408 US

Name and Address of New Registered Agent:

SCHANEL, GLENN G
4600 MILITARY TRAIL, SUITE 215
JUPITER, FL 33458 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: GLENN G. SCHANEL

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SHARF, ROBERT,
Address: 2 CHIEFTAIN CRESCENT
City-St-Zip: WILLOWDALE, ONTARIO,

Title: S () Delete
Name: ROHER, IAN,
Address: 1050 FINCH AVE. W. #201
City-St-Zip: NORTH YORK, ONTARIO,

Title: V () Delete
Name: SHARF, STEPHEN
Address: 1485 WHITEHORSE RD
City-St-Zip: DOWNSVIEW, ON

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 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: ROBERT SHARF

PD

04/20/2007

Electronic Signature of Signing Officer or Director

Date