

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 05, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 611692**

1. Entity Name  
**SHARCO INVESTMENTS, INC.**



Principal Place of Business

**5150 SW 75 STREET  
MIAMI, FL 33143 US**

Mailing Address

**5150 SW 75 STREET  
MIAMI, FL 33143 US**

**DO NOT WRITE IN THIS SPACE**



01252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-1890064**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI  
1500 MIAMI CENTER  
201 S BISCAYNE BLVD  
MIAMI, FL 33131**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
NEVILLE, DEBRA  
5150 SW 75 STREET  
MIAMI, FL 00000**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**S  
ATTIN, KEN  
5150 SW 75 STREET  
MIAMI, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U000000847725  
03/19/08-80031-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

**DEBRA NEVILLE**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-08 305 6221937**  
Date Daytime Phone #