

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 11, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 674062**

1. Entity Name  
**SHELL LUMBER AND HARDWARE COMPANY**



Principal Place of Business  
**C/O RONALD W. RUDOLPH  
9200 SO. DADELAND BLVD., #308  
MIAMI, FL 33156**

Mailing Address  
**C/O RONALD W. RUDOLPH  
9200 SO. DADELAND BLVD., #308  
MIAMI, FL 33156**



01042007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

|                                                                                                 |                                                        |
|-------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>59-2003802</b>                                                              | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                                        |

**6. Name and Address of Current Registered Agent**

**NARON, PAUL  
2733 SW 27 AVENUE  
MIAMI, FL 33133**

**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 reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**000000583193  
01/11/07-80062-008 150.00**

**10. OFFICERS AND DIRECTORS**

|                |                          |
|----------------|--------------------------|
| TITLE          | <b>SVD</b>               |
| NAME           | <b>NARON, PAUL</b>       |
| STREET ADDRESS | <b>2733 SW 27 AVENUE</b> |
| CITY- ST- ZIP  | <b>MIAMI, FL</b>         |

|                |                          |
|----------------|--------------------------|
| TITLE          | <b>PD</b>                |
| NAME           | <b>HAASE, ANDREW JR.</b> |
| STREET ADDRESS | <b>2733 SW 27 AVENUE</b> |
| CITY- ST- ZIP  | <b>MIAMI, FL</b>         |

|                |  |
|----------------|--|
| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
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| TITLE          |  |
| NAME           |  |
| STREET ADDRESS |  |
| CITY- ST- ZIP  |  |

**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 another like empowered.

**SIGNATURE:** *Paul Naron*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/07 305 856 6401  
Date Daytime Phone #