


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90414 049 \*\*\*158.75

**DOCUMENT # 675648**

1. Entity Name  
**SHORTY'S INC.**



Principal Place of Business: **9200 S. DIXIE HWY MIAMI, FL 33156**

Mailing Address: **9150 S W 87TH AVENUE #205 MIAMI, FL 33176**

**50008752**



2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

01202006 Chg-P CR2E034 (11/05)

City & State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

4. FEI Number: **59-2008906**

Applied For:  Not Applicable:

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

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

**GREENFIELD, ALAN E.**  
**15105 NW 77 AVENUE**  
**SUITE 303**  
**HIALEAH, FL 33014**

**7. Name and Address of New Registered Agent**

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ State: **FL** Zip Code: \_\_\_\_\_

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: \_\_\_\_\_ DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when re-appointing)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE: <b>VP</b>	<input type="checkbox"/> Delete
NAME: <b>HOUSEN, CHARLES</b>	
STREET ADDRESS: <b>9150 S W 87 AVE #205</b>	
CITY-STATE-ZIP: <b>MIAMI, FL 33176</b>	
TITLE: <b>P</b>	<input type="checkbox"/> Delete
NAME: <b>VASTURO, MARK</b>	
STREET ADDRESS: <b>9150 S W 87 AVE #205</b>	
CITY-STATE-ZIP: <b>MIAMI, FL 33176</b>	
TITLE: <b>D</b>	<input type="checkbox"/> Delete
NAME: <b>GREENFIELD, ALAN</b>	
STREET ADDRESS: <b>15105 NW 77 AVENUE, STE 303</b>	
CITY-STATE-ZIP: <b>HIALEAH, FL 33014</b>	
TITLE: <b>AS</b>	<input type="checkbox"/> Delete
NAME: <b>VANGHEEM, KEN</b>	
STREET ADDRESS: <b>9150 SW 87TH AVE #205</b>	
CITY-STATE-ZIP: <b>MIAMI, FL 33176</b>	
TITLE: <b>ST</b>	<input type="checkbox"/> Delete
NAME: <b>IGLESIAS, ARTIE</b>	
STREET ADDRESS: <b>9150 SW 87 AVENUE #205</b>	
CITY-STATE-ZIP: <b>MIAMI, FL 33176</b>	
TITLE: _____	<input type="checkbox"/> Delete
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>VAN GHEEM, KEN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	
TITLE: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____	
STREET ADDRESS: _____	
CITY-STATE-ZIP: _____	

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: \_\_\_\_\_ **1/24/06** **(305) 595-1222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Residing Phone #