

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 24, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000004454

1. Entity Name  
DENSHAW, INC.



Principal Place of Business  
1973W 48TH ST  
LOS ANGELES, CA 90062-2104

Mailing Address  
1973W 48TH ST  
LOS ANGELES, CA 90062-2104



01072008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
91-1943147

Applied For  
Not Applicable

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

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

MITCHELL, ADRIAN  
210 S. GOLFCOURSE RD.  
HURLBURT FIELD, FL 32544

**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

*Adrian Mitchell*

(NOTE: Registered Agent signature required when reinstating)

01-22-08

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	P
NAME	COLEMAN, SHARON
STREET ADDRESS	1973W 48TH ST
CITY-ST-ZIP	LOS ANGELES, CA 900622104
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	

**DO NOT WRITE  
IN THIS SPACE**

000000795258  
01/28/08-80040-019 158.75

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:

*Sharon Coleman, pro.* 1/18/08 323 2955484

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #