


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # H03111 1. Entity Name SHEYE'S OF MIAMI, INC.	
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Principal Place of Business 6043 N W 6TH MIAMI, FL 33127 US	Mailing Address 6043 N.W. 6 CT. MIAMI, FL 33127
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04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2438665	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

6. Name and Address of Current Registered Agent WALKER, JUANITA, V 3582 DOVE COTE MEADOW LN DAVIE, FL 33328	
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000938264 05/27/08-80084-002 158.75
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WALKER, JUANITA V. 3582 DOVE COTE MEADOW LN DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALKER, BRITT D 3582 DOVE COTE MEADOW LN DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALKER, EDWARD A 3582 DOVE COTE MEADOW LN DAVIE, FL 33328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DUNNING, LEE 16767 NW 19 CT HOLLYWOOD, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #