

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H03111

FILED
Apr 14, 2009
Secretary of State

Entity Name: SHEYE'S OF MIAMI, INC.

Current Principal Place of Business:

6043 N W 6TH
MIAMI, FL 33127 US

New Principal Place of Business:

Current Mailing Address:

6043 N.W. 6 CT.
MIAMI, FL 33127

New Mailing Address:

3582 DOVECOTE MEADOW LANE
DAVIE, FL 33328

FEI Number: 59-2438665

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WALKER, JUANITA V
3582 DOVE COTE MEADOW LN
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALKER, JUANITA V.
Address: 3582 DOVE COTE MEADOW LN
City-St-Zip: DAVIE, FL 33328

Title: VP () Delete
Name: WALKER, BRITT D
Address: 3582 DOVE COTE MEADOW LN
City-St-Zip: DAVIE, FL 33328

Title: S () Delete
Name: WALKER, EDWARD A
Address: 3582 DOVE COTE MEADOW LN
City-St-Zip: DAVIE, FL 33328

Title: T () Delete
Name: DUNNING, LEE
Address: 16767 NW 19 CT
City-St-Zip: HOLLYWOOD, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUANITA WALKER

P

04/14/2009

Electronic Signature of Signing Officer or Director

Date