


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 25, 2008 08:00 AM
Secretary of State

DOCUMENT # H70412 1. Entity Name SCHEMBRI ENTERPRISES, INC.	
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Principal Place of Business 1019 MARTIN LUTHER KING HWY. SEFFNER, FL 33584 US	Mailing Address 1019 MARTIN LUTHER KING HWY. SEFFNER, FL 33584 US
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DO NOT WRITE IN THIS SPACE



04162008 000000 000000000000

4. FEI Number 59-2581631	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 00000000 0000 000000
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6. Name and Address of Current Registered Agent PIERCE, M. W 203 S. PERSONS AVE BRANDON, FL 33511

**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 _____

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 000000 0000000000
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHEMBRI, GEORGE JR. 1019 HIGHWAY 574 SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHEMBRI, JOSEPH ANTHONY 1019 HIGHWAY 574 SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SCHEMBRI, LUGIA 1019 HIGHWAY 574 SEFFNER, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: 	4-21-08 813-685-5654 Date Daytime Phone #
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