

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90022 010 \*\*\*150.00

**60003059**



01052006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # J13137</b> 1. Entity Name <b>SHNAIDERMAN &amp; SHAVIN, INC.</b>			
Principal Place of Business <b>% GREGORY SHNAIDERMAN</b> <b>505 N.E. 189TH ST.</b> <b>MIAMI, FL 33179</b>		Mailing Address <b>% GREGORY SHNAIDERMAN</b> <b>505 N.E. 189TH ST.</b> <b>MIAMI, FL 33179</b>	
2. Principal Place of Business <b>19000 NE 5<sup>th</sup> Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>19000 NE 5<sup>th</sup> Ave</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>	
Zip <b>33179</b>		Zip <b>33179</b>	
Country		Country	
4. FEI Number <b>59-2674851</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>SHNAIDERMAN, GREGORY</b> <b>505 NE 189TH STREET</b> <b>MIAMI, FL 33179</b>		7. Name and Address of New Registered Agent Name <b>Gregory Shnaiderman</b> Street Address (P.O. Box Number is Not Acceptable) <b>19000 NE 5<sup>th</sup> Ave</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33179</b>	
8. The above named entity submits this statement for the purpose of <u>changing its registered office or registered agent, or both</u> , in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Gregory Shnaiderman</u> DATE <u>1-6-06</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SHNAIDERMAN, GREGORY 505 NE 189TH ST MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19000 NE 5<sup>th</sup> Ave</b> <b>Miami, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SHAVIN, SUSAN 505 NE 189TH ST MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>19000 NE 5<sup>th</sup> Ave</b> <b>Miami, FL 33179</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>1-6-06</u> Daytime Phone # <u>305 653 1516</u>	