

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J69685

FILED
Oct 20, 2009
Secretary of State**Entity Name:** SHAW AND NEVINS INC.**Current Principal Place of Business:**168 N E 167TH ST
NORTH MIAMI BEACH., FL 33162 US**New Principal Place of Business:****Current Mailing Address:**2265 SW 118TH AVE
MIRAMAR, FL 33025 US**New Mailing Address:****FEI Number:** 65-0112629**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**SHAW, ANDREA E MS.
2265 SW 118TH AVE.
MIRAMAR, FL 33025 US**Name and Address of New Registered Agent:**NEVINS, HAROLD D MR.
2265 SW 118TH AVE.
MIRAMAR, FL 33025 US

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: HAROLD NEVINS

10/20/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VP (X) Delete
Name: SHAW, ANDREA E
Address: 2265 SW 118TH AVE
City-St-Zip: MIRAMAR, FL 33025**Title:** P () Delete
Name: NEVINS, HAROLD D
Address: 2265 SW 118TH AVE
City-St-Zip: MIRAMAR, FL 33025**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****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: HAROLD NEVINS

P

10/20/2009

Electronic Signature of Signing Officer or Director

Date