

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J84951	
1. Entity Name SHALHUB MEDICAL INVESTMENTS, INC.	

Principal Place of Business 7100 W 20TH AVE #414 HIALEAH, FL 33016 US	Mailing Address 3326 PONCE DE LEON BLVD CORAL GABLES, FL 33134 US
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DO NOT WRITE IN THIS SPACE

FILED
Apr 30, 2007 08:00 AM
Secretary of State



01212007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2845347	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent TAHAN, MICHAEL J 3326 PONCE DE LEON BLVD. CORAL GABLES, FL 33134
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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 _____

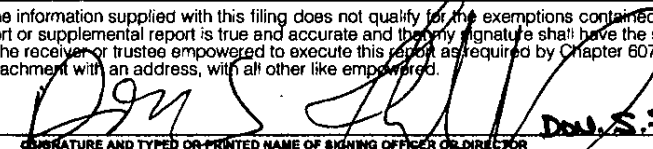
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPST SHALHUB, DON S. 7100 W. 20TH AVE., # 414 HIALEAH, FL
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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: 	Don S. SHALHUB	02/02/07	(305) 557-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #