2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 08:00 A
Secretary of State

DOCUMENT # J87438

1. Entity Name
SHIVAWN GUINNESS, INC.

Principal Place of Business	Mailing Address
4503 NW 103 AVE. SUITE 101 SUNRISE, FL 33351	4503 NW 103 AVE. SUITE 101 SUNRISE, FL 33351

DO NOT WRITE IN THIS SPACE

03102007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0003563
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GUINNESS, SHIVAWN
4503 NW 103 AVE.
SUITE 101
SUNRISE, FL 33351

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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 ____ 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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GUINNESS, SHIVAWN
STREET ADDRESS	4503 NW 103 AVE #101
CITY-ST-ZIP	SUNRISE, FL
TITLE	VP
NAME	DECARREAU, PAMELA
STREET ADDRESS	4503 NW 103 AVE #101
CITY-ST-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/16/07-80012-016 150.00

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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: Shivawn Guinness 3-7-07 954-748-0911

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #