

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # J87438

1. Entity Name
SHIVAWN GUINNESS, INC.



Principal Place of Business

4503 NW 103 AVE.
SUITE 101
SUNRISE, FL 33351

Mailing Address

4503 NW 103 AVE.
SUITE 101
SUNRISE, FL 33351



01082008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEN 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

**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

Signature of officer or director or registered agent or of a corporation

STATE Registered Agent Signature Required when not using

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 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-STATE-ZIP	SUNRISE, FL
TITLE	VP
NAME	DECARREAU, PAMELA
STREET ADDRESS	4503 NW 103 AVE #101
CITY-STATE-ZIP	SUNRISE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

000000867732
04/08/08-80084-001 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not comply for the exceptions 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, and all other like empowered.

SIGNATURE:

Shivawn Guinness
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-20-08

954-778-0911

Date

Phone Number