
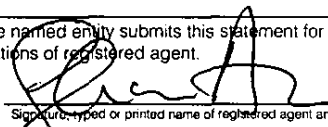
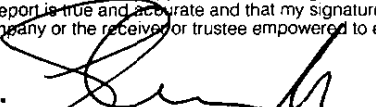


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90463 041 \*\*\*\*50.00

<b>DOCUMENT # L05000056354</b>					
<b>1. Entity Name</b> SHAMIN ABAS PUBLIC RELATIONS & SPECIAL EVENTS, LLC					
<b>Principal Place of Business</b> 537 CLEMATIS ST WEST PALM BEACH, FL 33401			<b>Mailing Address</b> 537 CLEMATIS ST WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business - No P.O. Box #</b> 527 Clematis St.		<b>3. Mailing Address</b> 527 Clematis St.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> West Palm Beach, FL		<b>City &amp; State</b> West Palm Beach, FL		<b>4. FEI Number</b> 20-2960097	
<b>Zip</b> 33401		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ABAS, SHAMIN 537 CLEMATIS ST WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name: Abas, Shamin Street Address (P.O. Box Number is Not Acceptable): 527 Clematis Street City: West Palm Beach FL Zip Code: 33401		
<b>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.</b> SIGNATURE:  DATE: 3-15-07					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ABAS, SHAMIN 537 CLEMATIS ST WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Abas, Shamin 527 Clematis Street West Palm Beach, FL 33401	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Abas, Shamin 527 Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Abas, Shamin 527 Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Abas, Shamin 527 Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Abas, Shamin 527 Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Abas, Shamin 527 Clematis Street West Palm Beach, FL 33401	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.</b>					
<b>SIGNATURE:</b> 		3-15-07 (561)366 1226			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			