2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED Apr 16, 2007 08:00 All Secretary of State DOCUMENT # L53828 1. Entity Name SHEIR-MOHAMAD INC. Principal Place of Business Mailing Address 219 NE 79 ST 219 NE 79 ST **MIAMI FL 33138** MIAMI FL 33138 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number City & State City & Stato Applied For 65-0175244 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo ZAMONA LOWACHEE Street Address (P.O. Box Number is Not Acceptable) 5285 NW 189 TERR MIAMI FL 33055 Zip Code 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, typed or printed name of registered agent and little i applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. . Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. HH ☐ Delete DIDE ☐ Change Addition ALI, SHEIR AHMAD NAMI NAMI 219 NE 79 ST STREET ADDRESS STREET ADDRESS MIAMI FL CITY-S1-7IP CHY-SI-ZIP filte Delcie HILL Change Addition NAFEEZA, ALI 219 NE 79 ST STREET ADDRESS STRUCT ADDRESS MIAMI FL CHY-ST-7(P CHY+SI-7IP Defete Change Addition THIT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-ZIP HITE Delete ☐ Change Addition STREET ADORESS STREET ADDRESS CHY-ST-7IP CHY-S1-ZIP HITE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-SI-ZIP CHY-ST-7P U00000709694 ☐ Change ☐ Addition 04/25/07-80014-005 150.00 HILE Delete THLE NAMI NAME STREET ADDRESS STREET ADDRESS CHY-ST-7IP CITY-ST-ZIP 12. I horoby cortify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutos. I further cortify 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:

IN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1507

305-757-288