2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 15, 2004 08:00 AM DOCUMENT # L71037 **Secretary of State** 1. Entity Name SHEBA, INC. Principal Place of Business Mailing Address % DANIEL L. BAUMGARD % DANIEL L. BAUMGARD 1575 SAN IGNACIO #100 1575 SAN IGNACIO #100 CORAL GABLES, FL 33146 CORAL GABLES, FL 33146 CR2E034 (10/03) 01072004 No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0191129 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE BAUMGARD, DANIEL L. 1575 SAN IGNACIO #100 CORAL GABLES, FL 33146 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. (NOTE, Registered Agent signature regulard when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ก TITLE BAUMGARD, DANIEL L. NAME 1575 SAN IGNACIO #100 STREET ADDRESS U00000005917 01/16/04-80012-010 150.00 CITY-ST-ZEP CORAL GABLES, FL TITLE SHEPPARD, RALPH H. NAME 1575 SAN IGNACIO #100 STREET ADDRESS CATY-ST-ZIP CORAL GABLES, FL TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TETLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 trusted 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TELLE

STREET ADDRESS CITY-ST-ZIP