

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L92599

FILED
Apr 30, 2008
Secretary of State

Entity Name: SHAY ASSETS MANAGEMENT, INC.

Current Principal Place of Business:

230 WEST MONROE ST
STE 2810
CHICAGO, IL 60606 US

New Principal Place of Business:

Current Mailing Address:

1000 BRICKELL AVE
STE 500
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-3026736 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
1500 MIAMI CENTER
201 S. BISCAYNE BLVD.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHAY, RODGER D JR
Address: 1000 BRICKWELL AVE, STE 500
City-St-Zip: MIAMI, FL 33131

Title: VS () Delete
Name: PODRAZA, ROBERT T
Address: 1000 BRICKELL AVE
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: DAVID, ADAMSON
Address: 1000 BRICKWELL AVE, STE 500
City-St-Zip: MIAMI, FL 33131

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT T. PODRAZA

VS

04/30/2008

Electronic Signature of Signing Officer or Director

_____ Date