


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90256 006 ***150.00

DOCUMENT # L92602 1. Entity Name SHAY INVESTMENT SERVICES, INC.	
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Principal Place of Business 1100 BRISKELL AVE STE 700 MIAMI, FL 33131 US	Mailing Address 1100 BRISKELL AVE STE 700 MIAMI, FL 33131 US
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2. Principal Place of Business 1000 BRICKELL AVE. Suite, Apt. #, etc. SUITE 500	3. Mailing Address 1000 BRICKELL AVE Suite, Apt. #, etc. SUITE 500
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City & State MIAMI, FLORIDA	City & State MIAMI, FLORIDA
Zip 33131	Country US

04222005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3026727	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION COMPANY OF MIAMI 1600 MIAMI CENTER 201 S. BISCAYNE BLVD. MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
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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 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: 	4-26-05 305-507-1536
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date Daytime Phone #</small>