

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # M74532



1. Entity Name
TWO SHAY, INC.

Principal Place of Business
**1000 BRICKELL AVE
STE 500
MIAMI FL 33131
US**

Mailing Address
**1000 BRICKELL AVE
STE 500
MIAMI FL 33131
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/06)

4. FEI Number **65-0042025**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 SOUTH BISCAYNE BLVD
1500 MIAMI CENTER
MIAMI FL 33131**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **SHAY, RODGER D.**
STREET ADDRESS **1000 BRICKELL AVE STE 500**
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE **P** ☐ Delete
NAME **SHAY, RODGER D., JR.**
STREET ADDRESS **1000 BRICKELL AVE STE 500**
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE **ST** ☐ Delete
NAME **SHAY, RYAN E**
STREET ADDRESS **1000 BRICKELL AVE STE 500**
CITY-STATE-ZIP **MIAMI FL 33131**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U000000704330
04/23/07-800006-023 150.00**

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-STATE-ZIP

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NAME
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CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 my address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Ryan B. Shay

Date

Daytime Phone #

4/11/07

305-379-0656