
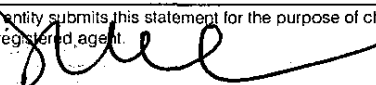



# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90052 012 \*\*\*150.00

<b>DOCUMENT # P00000102341</b> 1. Entity Name <b>SHELBY OF SOUTH FLORIDA, INC.</b>																																						
Principal Place of Business <b>1408 W. LAKE DR. FT. LAUDERDALE, FL 33316</b>		Mailing Address <b>1408 W. LAKE DR. FT. LAUDERDALE, FL 33316</b>																																				
2. Principal Place of Business <b>2531 DEL LAGO DR</b> Suite, Apt. #, etc.	3. Mailing Address <b>2531 DEL LAGO DR</b> Suite, Apt. #, etc.																																					
City & State <b>FT. LAUDERDALE FL</b> Zip <b>33316</b>	City & State <b>FT. LAUDERDALE FL</b> Zip <b>33316</b>	Country <b>USA</b>																																				
4. FEI Number <b>65-1053032</b>		Applied For <input type="checkbox"/> Not Applicable																																				
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required																																				
6. Name and Address of Current Registered Agent <b>NUNEZ, MIKE</b> <b>1408 WEST LAKE DRIVE</b> <b>FORT LAUDERDALE, FL 33316</b>																																						
7. Name and Address of New Registered Agent Name <b>(Address Only)</b> Street Address (P.O. Box Number is Not Acceptable) <b>2531 DEL LAGO DR</b> City <b>FT. LAUDERDALE</b> FL Zip Code <b>33316</b>																																						
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  <span style="float: right;">1/24/05</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP            P NUNEZ, MIKE <del>1408 WEST LAKE DRIVE</del> FORT LAUDERDALE, FL 33316         </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete         </td> <td style="width: 50%; padding: 2px;">           TITLE NAME STREET ADDRESS CITY-ST-ZIP  <b>2531 DEL LAGO DR</b>  <b>FT. LAUDERDALE FL 33316</b> </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition         </td> </tr> <tr><td colspan="2" style="height: 40px;"></td><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td><td colspan="2" style="height: 40px;"></td></tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP P NUNEZ, MIKE <del>1408 WEST LAKE DRIVE</del> FORT LAUDERDALE, FL 33316	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>2531 DEL LAGO DR</b> <b>FT. LAUDERDALE FL 33316</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																												
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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:  <span style="float: right;">1/24/05 395 798 7508</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																						