


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 25, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # P01000104752</b> 1. Entity Name <b>SHARYLL 2000, CORP.</b>	
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Principal Place of Business <b>15804 SW 99 TERRACE MIAMI, FL 33196</b>	Mailing Address <b>15804 SW 99 TERRACE MIAMI, FL 33196</b>
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**DO NOT WRITE IN THIS SPACE**

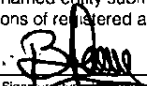


01142008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>80-0006235</b>	Applied For 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>LAVERDE, BLANCY 15803 SW 99 TERRACE MIAMI, FL 33196</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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  DATE \_\_\_\_\_

Signature must be printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

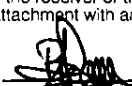
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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<b>10. OFFICERS AND DIRECTORS</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAVERDE, BLANCY 15804 SW 99TH TERR MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COSTANTINO, CATERINA 15804 SW 99TH TER MIAMI, FL 33196
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01/30/08-80030-012 150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR