

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000000876

1. Entity Name  
SHAMMUA SIGNAL & CONTRACTORS INC.



Principal Place of Business  
1320 NW 43 TERRACE  
SUITE 104  
LAUDERHILL, FL 33313

Mailing Address  
1320 NW 43 TERRACE  
SUITE 104  
LAUDERHILL, FL 33313



04302004 No Chg-P CR2E034 (10/03)

4. FEI Number  
30-0096330

Applied  
Not App

5. Certificate of Status Desired ☐ \$8.75 Addition  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

SMITH, LEBERT R  
1320 NW 43 TERRACE, STE. 104  
LAUDERHILL, FL 33313

**DO NOT WRITE  
IN THIS SPACE**

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 a  
the obligations of registered agent.

SIGNATURE Lebert R. Smith PCEO

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 4/30/04

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PCEO
NAME	SMITH, LEBERT R
STREET ADDRESS	1320 NW 43 TERRACE, STE. 104
CITY - ST - ZIP	LAUDERHILL, FL 33313
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000000154978  
05/03/04-90018-014 150.00

**DO NOT WRITE  
IN THIS SPACE**

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; changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/04

Daytime Phone #