

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004530

FILED
Aug 23, 2006
Secretary of State

Entity Name: SHAMROCK CORPORATE HOUSING CORPORATION

Current Principal Place of Business:

4001 N. PINE ISLAND PL.
SUNRISE, FL 33351

New Principal Place of Business:

4001 N. PINE ISLAND RD.
SUNRISE, FL 33351

Current Mailing Address:

4001 N. PINE ISLAND PL.
SUNRISE, FL 33351

New Mailing Address:

4001 N. PINE ISLAND RD.
SUNRISE, FL 33351

FEI Number: 02-0541948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHUMAN, CARLOS Z
12615 SW 91 ST
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

CHUMAN, CARLOS Z
4001 N. PINE ISLAND RD.
SUNRISE, FL 33351 US

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.

SIGNATURE:

08/23/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHUMAN, CARLOS Z
Address: 12615 SW 91 ST
City-St-Zip: MIAMI, FL 33186

Title: PVST () Delete
Name: CHUMAN, ROSA M
Address: 12615 SW 91 ST
City-St-Zip: MIAMI, FL 33186

Title: D () Delete
Name: CHUMAN, ROSA M
Address: 12615 SW 91 ST
City-St-Zip: MIAMI, FL 33186

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: CHUMAN, CARLOS Z
Address: 4001 N. PINE ISLAND RD.
City-St-Zip: SUNRISE, FL 33351

Title: P (X) Change () Addition
Name: CHUMAN, ROSA M
Address: 4001 N. PINE ISLAND RD.
City-St-Zip: SUNRISE, FL 33351

Title: DS (X) Change () Addition
Name: CHUMAN, CARLOS J
Address: 4001 N. PINE ISLAND RD.
City-St-Zip: SUNRISE, FL 33351

Title: D () Change (X) Addition
Name: RUIZ, CARLOS A
Address: 4001 N. PINE ISLAND RD.
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROSA M CHUMAN

P

08/23/2006

Electronic Signature of Signing Officer or Director

Date