

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000087641

Entity Name: SH FAMILY ENTERPRISES, INC.

FILED  
Jan 09, 2006  
Secretary of State

## Current Principal Place of Business:

5033 NW 89TH WAY  
CORAL SPRINGS, FL 33067

## New Principal Place of Business:

9400 NW 39 COURT  
CORAL SPRINGS, FL 33065

## Current Mailing Address:

5033 NW 89TH WAY  
CORAL SPRINGS, FL 33067

## New Mailing Address:

9400 NW 39 COURT  
CORAL SPRINGS, FL 33065

FEI Number: 82-0562570

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

HORWITZ, SUSAN E  
5033 NW 89TH WAY  
CORAL SPRINGS, FL 33067 US

## Name and Address of New Registered Agent:

HORWITZ, SUSAN E  
9400 NW 39 COURT  
CORAL SPRINGS, FL 33065 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: SUSAN E HORWITZ

01/09/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: HORWITZ, SUSAN  
Address: 5033 NW 89TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33067

Title: DTS ( ) Delete  
Name: HORWITZ, BRAD  
Address: 5033 NW 89TH WAY  
City-St-Zip: CORAL SPRINGS, FL 33067

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: HORWITZ, SUSAN  
Address: 9400 NW 39 COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: DTS (X) Change ( ) Addition  
Name: HORWITZ, BRAD  
Address: 9400 NW 39 COURT  
City-St-Zip: CORAL SPRINGS, FL 33065

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: SUSAN HORWITZ

PRES

01/09/2006

Electronic Signature of Signing Officer or Director

Date