2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State
04-10-2007 90019 038 ***150.00

DOCUMENT # P02000115533

1. Entity Name
SHARON SERVICES, INC.

Principal Place of Business	Mailing Address
~~2280 W 53RD STREET #101~~ ~~HIALEAH, FL 33016~~	~~2280 W 53RD STREET #101~~ ~~HIALEAH, FL 33016~~

2. Principal Place of Business	3. Mailing Address
7865 W 30 CT #203	7865 W 30 CT #203
State, Apt. #, etc.	State, Apt. #, etc.
City & State: HIALEAH	City & State: HIALEAH, FL
St: FL / Country: USA	Zip: 33018 / Country: USA

04282004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-3762301 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OCHOA, MIGUEL A ~~2280 W 53RD STREET #101~~ ~~HIALEAH, FL 33016~~ 7865 W 30 CT. #203 HIALEAH, FL 33018	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 my position as registered agent.

SIGNATURE: M Ochoa DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D OCHOA, MIGUEL A 2280 W 53RD STREET #101 HIALEAH, FL 33016 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY ST ZIP	D OCHOA MIGUEL A 7865 W 30 CT #203 HIALEAH, FL 33018 ☒ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition
	☐ Delete		☐ Change ☐ Addition

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: M Ochoa 04/02/07 305-321-7690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #