FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2008 8:00 am
Secretary of State
05-02-2008 90167 003 ***150.00

DOCUMENT # P03000049266

1. Entity Name

Shanthalorph Management And Investment Group, Inc.

DO NOT WRITE IN THIS SPACE

q00034113

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1212 magnolia ave	P.O. Box 916
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lehigh acres, Fl	City & State: Loxahatchee, Fl
Zip: 33971 Country: USA	Zip: 33470 Country: USA

4. FEI Number: 55-0830138 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Spiegel & Utrera, P.A.

Street Address (P.O. Box Number is Not Acceptable): 1840 Coral Way, 4th Floor

City: Miami FL Zip Code: 33145

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD PATTERSON, VERON L 1212 Magnolia ave Lehigh Acres, Fl 33971
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP PATTERSON, SHAUN S 1212 Magnolia Ave Lehigh Acres, FL 33971
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary PATTERSON, VERON L 1212 Magnolia Ave Lehigh Acres, FL 33971
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer PATTERSON, THALIA P 1212 Magnolia Ave Lehigh Acres, FL 33971
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR PATTERSON, VINCENT R 1212 Magnolia Ave Lehigh Acres, FL 33971
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Shaun Patterson 4-29-08 239 369-7561

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #