

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-12-2004 90647 039 ***150.00

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MOORE CR2E034 (11/03)

DOCUMENT # P03000088794 1. Entity Name SHLEPAYENTA, INC.			
Principal Place of Business 8340 WEST OAKLAND PARK BLVD. SUNRISE FL 33351		Mailing Address 8340 WEST OAKLAND PARK BLVD. SUNRISE FL 33351	
<i>New address</i> 2. Principal Place of Business 8395 W. OAKLAND PARK Blvd Suite, Apt. #, etc. Suite F		3. Mailing Address 8395 W. OAKLAND PARK Blvd Suite, Apt. #, etc. Suite F	
City & State Sunrise FL		City & State Sunrise FL	
Zip 33351		Country Broward	
4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEWIS, EUGENE ESQ. 7770 W. OAKLAND PARK BLVD. SUNRISE FL 33351		7. Name and Address of New Registered Agent Name DAVID J. WIDOM Street Address (P.O. Box Number is Not Acceptable) 8395 W. OAKLAND PARK Blvd, Suite F City Sunrise FL Zip Code 33351	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	P WIDOM, DAVID J 8340 WEST OAKLAND PARK BLVD. SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8395 W. OAKLAND PARK Blvd, Suite F Sunrise FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAGRASSO, CHRISTOPHER 8340 WEST OAKLAND PARK BLVD. SUNRISE FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8395 W. OAKLAND PARK Blvd Suite F Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <i>David J. Widom, President</i> DAVID J. WIDOM		Date 4/9/04 Daytime Phone # (954) 741-1233	