2006 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # P03000105598 J.L. SHUMAN ENTERPRISES INC.

Mailing Address

11050 N.W. 17TH AVENUE MIAMI, FL 33167

FILED May 02, 2006 8:00 am Secretary of State

05-02-2006 90191 002 ***158.75

40079399



DO NOT WRITE IN THIS SPACE

04272006 No Cha-P CR2E034-(11/05) Applied For 4. FEI Number

5. Certificate of Status Desired

56-2405909

Not Applicable \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHUMAN, JAMAL L 11050 N.W. 17TH AVENUE

changed, or on an attachment with

SIGNATURE:

Principal Place of Business

MIAMI, FL 33167

11050 N.W. 17TH AVENUE

DO	NOT	WRITE
IN 7	ГНІЅ	SPACE

MIAMI, FL 33167			IN THIS SPACE		
the obligati	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or re	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	if applicable. (NOTE: Registered	Agent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finant Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD SHUMAN, JAMAL L 11050 N.W. 17TH AVENUE MIAMI, FL 33167		,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			 - 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby indicated of the cor	certify that the information supplied with this don this report or supplemental report is true rooration or the receiver or trustee empowers	filing does not qualify for the exe and accurate and that my signal ad to execute this report as requi	emptions co ture shall ha red by Char	ntained in Chapter 1 ve the same legal effo ter 607, Florida Statu	19, Florida Statutes. I further certify that the information ect as if made under oath; that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if

ND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR