

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 29, 2008 8:00 am
Secretary of State

05-29-2008 90194 014 ***150.00

DOCUMENT # P04000010762 1. Entity Name SHEELOH PROPERTIES PLUS, INC.			
Principal Place of Business 16940 NW 19TH AVENUE MIAMI, FL 33056		Mailing Address 16940 NW 19TH AVENUE MIAMI, FL 33056	
2. Principal Place of Business - No P.O. Box # 16940 NW 19 Ave Suite, Apt. #, etc.		3. Mailing Address 16940 NW 19 Ave Suite, Apt. #, etc.	
City & State Miami Florida Zip Country 33056 USA		City & State Miami Florida Zip Country 33056 USA	
4. FEI Number 54-2141419		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 VANCOL, JEAN M 16940 NW 19TH AVENUE MIAMI, FL 33056		7. Name and Address of New Registered Agent 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 registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008		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	PST VANCOL, JEAN 16940 NW 19TH AVENUE MIAMI, FL 33056	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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>JEAN M VANCOL</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 5/27/08 Daytime Phone # 786 223 5457	

ATTACHMENT

Sheloh Properties Plus, Inc.
Ref. Number: PO4000010762

40106087

This letter is to inform you that I HAD NOT RECEIVED the ANNUAL Report Notice from the Division of Corporations this year. The check WAS sent WITHOUT the Report to AVOID Penalty.

Jim Jean Vawol
Cell # 786 223 5457

Thank you. Very Much.