

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90058 011 ***150.00

DOCUMENT # P06000010158					
1. Entity Name SHOWER BUDDY INCORPORATED					
Principal Place of Business 3300 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064			Mailing Address 3300 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064		
2. Principal Place of Business - No P.O. Box # 5941 East Grand Duke Cir		3. Mailing Address 5941 E Grand Duke Cir		Suite, Apt. #, etc.	
City & State Tamarac, FL 33321		City & State Tamarac, FL		4. FEI Number 20-4143252	
Zip 33321		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SEMENUK, MARGARET M 3300 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064			7. Name and Address of New Registered Agent Name: <u>Joseph Titone Attorney</u> Street Address (P.O. Box number is Not Acceptable): <u>7471 West Oakland Park Blvd.</u> <u>suite 110</u> City: <u>Ft. Lauderdale,</u> <u>FL</u> Zip Code: <u>33319</u>		
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: <u>Joseph Titone</u> Joseph Titone <u>April 3, 2008</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <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	VP.D SEMENUK, MARGARET M 3300 NE 31 AVENUE LIGHTHOUSE POINT, FL 33064		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D ROMANO, STEVEN 6786 NORTH PINE ISLAND ROAD TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director Stephen Romano 5941 East Grand Duke Circle Tamarac, FL 33321	
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	
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	
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	
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 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 another like empowered.					
SIGNATURE: <u>Stephen Romano</u> Stephen Romano			<u>4/3/08</u> 954-805-3999		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone</small>		

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