


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 08:00 A
Secretary of State

DOCUMENT # P06000026267					
1. Entity Name SHORTY'S FRANCHISE CORP.					
Principal Place of Business 9150 SW 87 AVENUE, SUITE 205 MIAMI, FL 33156			Mailing Address 9150 SW 87 AVENUE, SUITE 205 MIAMI, FL 33156		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01152008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 20-4961794	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SACHER, CHARLES P SACHER, MARTINI & SACHER, P.A. 2655 LEJEUNE ROAD, SUITE 1101 CORAL GABLES, FL 33134			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 _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MACBROOM, CLIFFORD	NAME			
STREET ADDRESS	9150 SW 87 AVENUE, SUITE 205	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GREENSTEIN, STEWART A	NAME			
STREET ADDRESS	9150 SW 87 AVENUE, SUITE 205	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SKORIC, PAUL	NAME			
STREET ADDRESS	9150 SW 87 AVENUE, SUITE 205	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALLACE, FREDERICK	NAME			
STREET ADDRESS	9150 SW 87 AVENUE, SUITE 205	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP			
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VASTURO, MARK	NAME			
STREET ADDRESS	9150 S.W. 87 AVENUE, STE 205	STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33176	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: _____		4/9/08		(305) 595-1622	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Date of Filing	



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04/25/08-80037-017 158.75