

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000026267

FILED
Feb 19, 2009
Secretary of State

Entity Name: SHORTY'S FRANCHISE CORP.

Current Principal Place of Business:

9150 SW 87 AVENUE, SUITE 205
MIAMI, FL 33156

New Principal Place of Business:

Current Mailing Address:

9150 SW 87 AVENUE, SUITE 205
MIAMI, FL 33156

New Mailing Address:

FEI Number: 20-4961794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SACHER, CHARLES P
SACHER, MARTINI & SACHER, P.A.
2655 LEJEUNE ROAD, SUITE 1101
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MACBROOM, CLIFFORD
Address: 9150 SW 87 AVENUE, SUITE 205
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: GREENSTEIN, STEWART A
Address: 9150 SW 87 AVENUE, SUITE 205
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: SKORIC, PAUL
Address: 9150 SW 87 AVENUE, SUITE 205
City-St-Zip: MIAMI, FL 33176

Title: D () Delete
Name: WALLACE, FREDERICK
Address: 9150 SW 87 AVENUE, SUITE 205
City-St-Zip: MIAMI, FL 33176

Title: P () Delete
Name: VASTURO, MARK
Address: 9150 S.W. 87 AVENUE, STE 205
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK VASTURO

P

02/19/2009

Electronic Signature of Signing Officer or Director

_____ Date