

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000086118

Entity Name: SHEM CONSULTING INC.

FILED  
Mar 20, 2008  
Secretary of State

**Current Principal Place of Business:**

683 BEDFORD AVE  
WESTON, FL 33326

**New Principal Place of Business:**

**Current Mailing Address:**

683 BEDFORD AVE  
WESTON, FL 33326

**New Mailing Address:**

FEI Number: 20-5208083

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

AHUED, MARIO  
683 BEDFORD AVE  
WESTON, FL 33326 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: S ( ) Delete  
Name: AHUED, VERONICA  
Address: 683 BEDFORD AVE  
City-St-Zip: WESTON, FL 33326

Title: P ( ) Delete  
Name: AHUED, MARIO  
Address: 683 BEDFORD AVE  
City-St-Zip: WESTON, FL 33326

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: S (X) Change ( ) Addition  
Name: SOLORZANO, VERONICA I  
Address: 683 BEDFORD AVE  
City-St-Zip: WESTON, FL 33326

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: VERONICA I SOLORZANO

S

03/20/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date