


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 25, 2008 8:00 am**  
**Secretary of State**

08-25-2008 90004 022 \*\*\*150.00

<b>DOCUMENT # P06000089358</b>					
<b>1. Entity Name</b> SHEMANTO STATION INC					
<b>Principal Place of Business</b> 5709 AUSTRALIAN AVENUE KWICK STOP AUSTRALIAN AVE WEST PALM BEACH, FL 33407 US			<b>Mailing Address</b> 5709 AUSTRALIAN AVENUE KWICK STOP AUSTRALIAN AVE WEST PALM BEACH, FL 33407 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 20-5162785	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
RAHMAN, MOHAMMED M 1235 SUSSEX STREET BOYNTON BEACH, FL 33436			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> P <b>NAME</b> RAHMAN, MOHAMMED M <b>STREET ADDRESS</b> 1235 SUSSEX STREET <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete		<b>TITLE</b> Sec <b>NAME</b> Dey, Monindra C <b>STREET ADDRESS</b> 1235 Sussex Street <b>CITY-ST-ZIP</b> Boynton Bch, FL 33436	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VP <b>NAME</b> DEY, MONINDRA C <b>STREET ADDRESS</b> 1235 SUSSEX STREET <b>CITY-ST-ZIP</b> BOYNTON BEACH, FL 33436	<input type="checkbox"/> Delete <i>Change</i>		<b>TITLE</b> VP <b>NAME</b> NOOR LAJLA <b>STREET ADDRESS</b> 241 NE 199th Lane <b>CITY-ST-ZIP</b> Miami, FL 33179	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> SEC <b>NAME</b> NOOR, LAJLA <b>STREET ADDRESS</b> 241 NE 199TH LANE <b>CITY-ST-ZIP</b> MIAMI, FL 33179	<input type="checkbox"/> Delete <i>Change</i>		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> NAME <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <i>M. N. P.</i>			Date: <i>08-18-08</i> Daytime Phone #: <i>548-876-2255</i>		