2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000089358

City-St-Zip:

MIAMI, FL 33179 US

Entity Name: SHEMANTO STATION INC

FILED May 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5709 AUSTRALIAN AVENUE KWICK STOP AUSTRALIAN AVE WEST PALM BEACH, FL 33407 US **New Mailing Address: Current Mailing Address:** 5709 AUSTRALIAN AVENUE 5709 AUSTRALIAN AVENUE KWICK STOP AUSTRALIAN AVE KWICK STOP AUSTRALIAN AVE WEST PALM BEACH, FL 33407 US WEST PALM BEACH, FL 33407 US FEI Number: 20-5162785 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RAHMAN, MOHAMMED M 1235 SUSSEX STREET BOYNTON BEACH, FL 33436 US 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 In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition RAHMAN, MOHAMMED M Name: Name: 1235 SUSSEX STREET Address: Address: City-St-Zip: BOYNTON BEACH, FL 33436 US City-St-Zip: () Delete Title: Title: () Change () Addition DEY, MONINDRA C Name: Name: 1235 SUSSEX STREET Address: Address: BOYNTON BEACH, FL 33436 US City-St-Zip: City-St-Zip: Title: Title: VP. () Delete () Change () Addition NOOR, LAILA Name: Name: 241 NE 199TH LANE Address: Address:

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.

City-St-Zip:

SIGNATURE: MOHAMMED M RAHMAN P 05/01/2009