

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90093 032 ***150.00

DOCUMENT # P06000110016

1. Entity Name
SHEEBA, INC.



Principal Place of Business
3 S PINE ISLAND RD
SUITE 409
PLANTATION, FL 33324

Mailing Address
3 S PINE ISLAND RD
SUITE 409
PLANTATION, FL 33324



2. Principal Place of Business - No P.O. Box #
3511 W - Commercial Blvd 3901 SW 8th ST.
Suite, Apt. #, etc.

3. Mailing Address
3901 SW 8th ST.
Suite, Apt. #, etc.

04182008 Chg-P CR2E034 (12/06)

City & State
Ft. Lauderdale
Zip
33309 Country
Broward

City & State
Ft. Lauderdale
Zip
33312 Country
Broward

4. FEI Number
11-3788496
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JEAN-LOUIS, ANISE
3 S PINE ISLAND RD
SUITE 409
PLANTATION, FL 33324

7. Name and Address of New Registered Agent
Name
JEAN-LOUIS, ANISE
Street Address (P.O. Box Number is Not Acceptable)
3901 SW 8th ST.
City
Ft. Lauderdale FL Zip Code
33312

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 *Anise Jean-Louis* ANISE JEAN-LOUIS DATE 4/18/08

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	PTD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JEAN-LOUIS, ANISE		NAME	JEAN-LOUIS ANISE	
STREET ADDRESS	3 S PINE ISLAND RD SUITE 409		STREET ADDRESS	3901 SW 8th ST	
CITY-ST-ZIP	PLANTATION, FL 33324		CITY-ST-ZIP	Ft. Lauderdale A 33312	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALFRED, ANDRE		NAME		
STREET ADDRESS	3 S PINE ISLAND RD SUITE 409		STREET ADDRESS		
CITY-ST-ZIP	PLANTATION, FL 33324		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		
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		
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: *Anise Jean-Louis* 4/18/08 954-714-3303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #