

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000154873

FILED
Mar 19, 2008
Secretary of State

Entity Name: SHIFF GROUP HOLDINGS, INC.

Current Principal Place of Business:

1666 NE 194TH STREET
NORTH MIAMI BEACH, FL 33179

New Principal Place of Business:

Current Mailing Address:

1666 NE 194TH STREET
NORTH MIAMI BEACH, FL 33179

New Mailing Address:

FEI Number: 20-8110200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HIGER, MICHAEL ESQ
2999 NE 191ST STREET SUITE 700
AVENTURA, FL 33180 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: SHIFF, ZVI
Address: 1666 NE 194TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: D () Delete
Name: SHIFF, DANIEL
Address: 1666 NE 194TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHIFF, ZVI
Address: 1666 NE 194TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

Title: VP (X) Change () Addition
Name: SHIFF, DANIEL
Address: 1666 NE 194TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: PHILIP C ROSEN

AUTH

03/19/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date