2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000157717

1. Entity Name
R SHAW CONSULTING , INC.

Principal Place of Business	Mailing Address
2516 CENTER AVENUE FORT LAUDERDALE, FL 33305	2516 CENTER AVENUE FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE

07312008 No Chg-P CR2E034 (11/06)

4. FEI Number:
20-6226123
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

SHAW, RONALD N
2516 CENTER AVENUE
FORT LAUDERDALE, FL 33305

DO NOT WRITE IN THIS SPACE

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: _____ 8108
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when changing) DATE

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P, D
NAME	SHAW, RONAD N PRES
STREET ADDRESS	2516 CENTER AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33305
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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09/04/08-80004-003 550.00

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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: _____ 8108
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #