


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 03, 2008 8:00 am
Secretary of State

04-07-2008 90069 024 ***150.00

DOCUMENT # P07000085751	
1. Entity Name M & W SHELTER, INC.	

Principal Place of Business 7758 NW 44 ST SUNRISE, FL 33351	Mailing Address 7758 NW 44 ST SUNRISE, FL 33351
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66013035



2. Principal Place of Business - No P.O. Box # 3847 SW	3. Mailing Address 3847 SW
Suite, Apt. #, etc. 170 TERRACE	Suite, Apt. #, etc. 170 TERRACE
City & State MIRAMAR FL	City & State MIRAMAR FL
Zip 33027	Country USA

05272008 Chg-P CR2E034 (12/06)

4. FEI Number 26-0586650	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PESTANO, YVETTE 7758 NW 44 ST SUNRISE, FL 33351	
7. Name and Address of New Registered Agent Name Isis Isabel Street Address (P.O. Box Number is Not Acceptable) 9540 NW 18 MONON City Plantation FL Zip Code 33322	

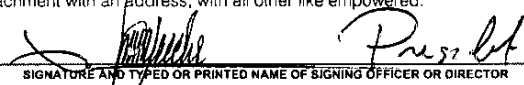
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **President** **Isabel** **05-20-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD USECHE, MIGUEL E 7758 NW 44 ST SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RIVERO, WILFREDO R 7758 NW 44 ST SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **President** **05-20-08** **954-600-5801**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

66013035

#P07000085751

MIGUEL E USECHE NELYDE USECHE C/O DAY AND NIGHT 143 PMB 14-9073 CORAL GABLES, FL 33114-9073		1177 63-339/670
DATE		04-01-08
PAY TO THE ORDER OF		Department of State
FOR DEPOSIT ONLY		One hundred and fifty 00/100
HSBC		\$ 150.00
HSBC Bank USA P. Lauderdale, FL 33316		DOLLARS
Signature		Signature