2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 28, 2008 8:00 am
Secretary of State
05-28-2008 90012 003 ***158.75

DOCUMENT # P07000094825

1. Entity Name
SHADOWLAWN ENTERPRISE INC

Principal Place of Business
52 NW 47TH TERRACE
MIAMI FL 33127
US

Mailing Address
52 NW 47TH TERRACE
MIAMI FL 33127
US

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box # 52 NW 47ter.
Suite, Apt. #, etc.
City & State Miami, Fl.
Zip 33127 Country US

3. Mailing Address 52 NW 47ter
Suite, Apt. #, etc.
City & State Miami, Fl.
Zip 33127 Country US

4. FEI Number 26-0766676 Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
NELSON, BOBBY
52 NW 47TH TERRACE
MIAMI FL 33127

7. Name and Address of New Registered Agent
Name Bobby Nelson
Street Address (P.O. Box Number is Not Acceptable)
52 NW 47ter.
City Miami FL Zip Code 33127

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 Bobby Nelson 4/29/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when submitting) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	CEO	☐ Delete
NAME	NELSON, BOBBY	
STREET ADDRESS	52 NW 47TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Bobby Nelson 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #