2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# P07000133735

Entity Name: SHADOW WARRIORS, INC.

Current Principal Place of Business:

7328 ROYAL PALM BLVD.
MARGATE, FL 33063

New Principal Place of Business:

5329 NW 107TH AVE
CORAL SPRINGS, FL 33076

Current Mailing Address:

5329 NW 107 AVE.
CORAL SPRINGS, FL 33076

New Mailing Address:

5329 NW 107TH AVE
CORAL SPRINGS, FL 33076

FEI Number: 59-0669712 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GOLDBERG, GLADYS
5329 NW 107 AVE.
CORAL SPRINGS, FL 33076 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: P ( ) Delete
Name: GOLDBERG, GLADYS
Address: 5329 NW 107 AVE.
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP ( ) Delete
Name: ACOSTA, LUIS M
Address: 3380 PINE WALK DR. NORTH, APT. 1126
City-St-Zip: MARGATE, FL 33063

Title: VP ( ) Delete
Name: ACOSTA, JOSE
Address: 1485 N.W. 94TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: OD (X) Delete
Name: ORTEGA, JOSEPH
Address: 1485 N.W. 94TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: OD (X) Delete
Name: MONTALVO, MARIE L
Address: 1485 N.W. 94TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: ACOSTA, LUIS M
Address: 1485 N.W. 94TH WAY
City-St-Zip: CORAL SPRINGS, FL 33071

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GLADYS GOLDBERG P 04/01/2009

Electronic Signature of Signing Officer or Director — Date