

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000010188

FILED
Apr 23, 2007
Secretary of State

Entity Name: THE SHAMROCK OF MIAMI CORPORATION

Current Principal Place of Business:

12615 SW 91ST STREET
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

4001 N PINE ISLAND RD
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0501200

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHUMAN, ROSA MARIA
4001 N PINE ISLAND RD
SUNRISE, FL 33351 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: CHUMAN, ROSA MARIA
Address: 4001 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: V () Delete
Name: CHUMAN, CARLOS
Address: 4001 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: DS () Delete
Name: CHUMAN, CARLOS J
Address: 4001 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

Title: D () Delete
Name: RUIZ, CARLOS A
Address: 4001 N PINE ISLAND RD
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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: ROSA MARIA CHUMAN

P

04/23/2007

Electronic Signature of Signing Officer or Director

Date