FILED
Mar 24, 2008 8:00 am
Secretary of State
03-24-2008 90053 050 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000035065

1. Entity Name
SHOP STOP, INC.

40050875

01112008 Chg-P CR2E034 (12/06)

Principal Place of Business
101 NORTH OCEAN DRIVE
SUITE 113
HOLLYWOOD, FL 33019

Mailing Address
101 North Ocean Drive
Suite 113
Hollywood, FL 33019

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	101 North Ocean Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 113
City & State	City & State Hollywood, FL
Zip / Country	Zip 33019 / Country US

4. FEI Number 65-0415005 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SHURE, MICHAEL
106 FEDERAL HWY
DELRAY BEACH, FL 33483

7. Name and Address of New Registered Agent
Name: Michael Shure
Street Address (P.O. Box Number Is Not Acceptable): 1035 Federal Hwy #204
City: Delray Beach FL Zip Code 33019

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: Michael Shure
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GREENBERG, DONALD 109 BRIDGE STREET ELKTON, MD 21921	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Joanna Cohen 1100 River Birch Street Hollywood, FL 33019	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SHURE, MICHAEL 1035 FEDERAL HWY DELRAY BEACH, FL 33483	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sec/Treas Howard Cohen 1100 River Birch Street Hollywood, FL 33019	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Joanna Cohen — Joanna Cohen, President — 3/17/2008 — 954-920-2608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #