

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

02-04-2008 90057 043 \*\*\*150.00

|                                                        |                                                                                   |
|--------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P96000019652</b>                         |  |
| 1. Entity Name<br><b>SHABLEE'S INTERNATIONAL, INC.</b> |                                                                                   |

|                                                                                          |                                                                              |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| Principal Place of Business<br><b>19100 SW 63RD STREET<br/>FORT LAUDERDALE, FL 33332</b> | Mailing Address<br><b>19100 SW 63RD STREET<br/>FORT LAUDERDALE, FL 33332</b> |
|------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

66003076



01232008 No Chg-P CR2E034 (11/05)

|                                                                                                 |                               |
|-------------------------------------------------------------------------------------------------|-------------------------------|
| 4. FEI Number<br><b>65-0647357</b>                                                              | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                               |

6. Name and Address of Current Registered Agent

**BAKSH, LATCHMIN  
19100 SW 63RD STREET  
FORT LAUDERDALE, FL 33332**

DO NOT WRITE  
IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) DATE \_\_\_\_\_

|                                                                               |                                                                                                                        |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |
|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|

10. OFFICERS AND DIRECTORS

|                                                |                                                                                             |
|------------------------------------------------|---------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PO<br>BASKSH, LATCHMIN<br>19100 SW 63RD STREET<br>FORT LAUDERDALE, FL 33332<br><i>BAKSH</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | STD<br>BASKSH, SHABEER<br>19100 SW 63RD STREET<br>FORT LAUDERDALE, FL 33332<br><i>BAKSH</i> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                                                                             |

DO NOT WRITE  
IN THIS SPACE

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: *Latchmin Basksh* 3/5/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #