2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 16, 2007 8:00 am Secretary of State 04-16-2007 90042 047 ***150.00

DOCUMENT: # P97000026881 1. Entity Name SHABNAM, INC.								1 .	04-10-2007	900421	047 ***1	30.00
Principal Place of Business 458 OCEAN DRIVE MIAMI, FL 33139 US			4	Mailing Address 458 OCEAN DRIVE MIAMI BEACH, FL 33139				40060928				
2. Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			5	Suite, Apt. #, etc.				01152007	Chg-P	CR2E	034 (12/06)
City & State			(City & State				4. FEI Number Applied For 65-0737171 Not Applicable				
Zip	Country			Zip	ntry		5. Certificate of Status Desired \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent								7. Name and	Address of New F	Registered	Agent	
JALALI, HASSAN						Name Street Address (P.O. Box Number is Not Acceptable)						
458 OCEAN DRIVE MIAMI BEACH, ĘL 33139										<u>,</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					City				FI	Zip Co	ede	
The above named entity submits this statement for the purpose of changing its registere							egister	ed agent, or bo	th, in the State of Fl			n, and accept
the obligations of registered agent.												
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required when reinstating) DATE												
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution.								.00 May Be ed to Fees				
10.	PSTD	OFFICERS AND	DIREC	CTORS Delete	11. IIIL			ADDITIONS	CHANGES TO OF	FICERS AN	D DIRECTO Change	
NAME STREET ADDRESS CITY-ST-ZIP	JALALI, HASSAN 7213 NW 12TH ST MIAMI, FL 33126 SIRE											
TITLE NAME STREET ADDRESS CITY-ST-ZIP											☐ Change	Addition
TITLE NAME STREET ADDRESS	☐ Delete TITLE NAME STREE										Change	Addition
TIFLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TIIL NAM STRE						Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITL NAM STRI	E					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	CITY	ME EET ADDRESS (-ST)					☐ Change	
12. I hereby certify that the information supplied with this filing does not gualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report price and accurate find 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 sexecute this report is 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:												
	~.·-· _	SIGNATURE AND TYPED OR	PRINTED	NAME OF SIGNING OFFICER	OR DIREC	TOR			Date		Daylime Phone	+