

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Aug 23, 2006
Secretary of State**

DOCUMENT# P97000038612

Entity Name: SHAMROCK INTERNATIONAL CORP.

Current Principal Place of Business:

12615 SW 91 ST
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

4001 N PINE ISLAND RD.
SUNRISE, FL 33351

New Mailing Address:

FEI Number: 65-0752353 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHUMAN, CARLOS Z
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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHUMAN, ROSA M
Address: 4001 N PINE ISLAND RD.
City-St-Zip: SUNRISE, FL 33351

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

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

Title: VP () Delete
Name: CHUMAN, CARLOS Z
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: D (X) Change () Addition
Name: RUIZ, CARLOS A
Address: 4001 N PINE ISLAND RD.
City-St-Zip: SUNRISE, FL 33351

Title: SD (X) Change () Addition
Name: CHUMAN, CARLOS Z
Address: 4001 N PINE ISLAND RD.
City-St-Zip: SUNRISE, FL 33351

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 M CHUMAN

PD

08/23/2006

Electronic Signature of Signing Officer or Director

_____ Date