


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 25, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000058038 1. Entity Name SHADER INDUSTRIAL CORP.	
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Principal Place of Business KELLOGG PROPERTIES INC. 2515 SHADER RD/ST 5 ORLANDO, FL 32804 US	Mailing Address KELLOGG PROPERTIES INC. 2515 SHADER RD/ST 5 ORLANDO, FL 32804 US
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01312005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3467273	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STIEGEL, DEBBIE C/O KELLOGG PROPERTIES INC 2515 SHADER RD. ORLANDO, FL 32804
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**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:  DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLEGER, DAVID S 7 WEST 51ST ST, 5TH FLOOR NEW YORK, NY 100196910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ALPERT, DAVID J 7 WEST 51ST ST, 5TH FLOOR NEW YORK, NY 100196910
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000001243413
02/25/05-80038-012 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05 212-586-6756
Date Daytime Phone #