## 2008 FOR PROFIT CORPORATION CANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## FILED May 05, 2008 08:00 Al Secretary of State

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1. Entity Name

STEVEN SHERE DEVELOPMENT CORPORATION



Principal Place of Business

Mailing Address

3510 SOUTH MOORINGS WAY MIAMI, FL 33133

3510 SOUTH MOORINGS WAY MIAMI, FL 33133



04242008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2335177

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SIGNATURE AND TH

SHERE, STEVEN H 3510 SOUTH MOORINGS WAY MIAMI. FL 33133

## DO NOT WRITE IN THIS SPACE

|   |  |  | 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_  | Signature, typed or printed name of registered agent and title       | fapplicable (NOTE Registered                         | d Agent signature | DATE                           |   |  |  |  |  |
|   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.00          | Election Campaign Finan     Trust Fund Contribution. | cing              | \$5.00 May Be<br>Added to Fees | U00000948454<br>06/02/08-80054-024 150.00 |  |  |  |  |
| 10.   | OFFICERS AND DIREC   | TORS   |                   |                                | ,   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>SHERE, STEVEN H '<br>3510 SOUTH MOORINGS WAY<br>MIAMI, FL 33133 |  |                   |                                |   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                   | . •                            |   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                   | DO                             | NOT WRITE                                 |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                   | IN                             | THIS SPACE                                |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                   |                                |   |  |  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  |  |                   |                                |   |  |  |  |  |
| 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 actiress, with all other like empowered. |  |  |                   |                                |   |  |  |  |  |