

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED  
AND  
FILED

05 JUN 13 AM 10:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000039646

1. Entity Name  
S.H.M., INC.



Principal Place of Business  
20350 HIGHLAND LAKE BLVD  
MIAMI BCH, FL 33179

Mailing Address  
20350 HIGHLAND LAKE BLVD  
MIAMI, FL 33179

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05102005

Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0848623

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAUFER, FAIGY  
20350 HIGHLAND LAKE BLVD  
MIAMI, FL 33179

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Amended AR is \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete  
NAME LAUFER, MENDEL  
STREET ADDRESS 20350 HIGHLAND LAKES BLVD  
CITY-ST-ZIP MIAMI, FL 33179

TITLE ☐ Change ☐ Addition  
NAME 600056411416  
STREET ADDRESS 06/22/05--01004--012 \*\*61.25  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LAUFER, FAIGY  
STREET ADDRESS 65 NW 166TH ST., N.  
CITY-ST-ZIP MIAMI BCH, FL 33169

TITLE D ☒ Change ☐ Addition  
NAME Laufer, Faigy FERNIA  
STREET ADDRESS 20350 Highland Lks Blvd  
CITY-ST-ZIP NMB, FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME President  
STREET ADDRESS Laufer, Mendel  
CITY-ST-ZIP 20350 Highland Lks Blvd  
NMB, FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Laufer, Faigy  
CITY-ST-ZIP 20350 Highland Lks Blvd  
NMB, FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Secretary  
STREET ADDRESS Laufer, Faigy  
CITY-ST-ZIP 20350 Highland Lks Blvd  
NMB, FL 33179

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS Laufer, Faigy  
CITY-ST-ZIP 20350 Highland Lks Blvd  
NMB, FL 33179

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

5/10/05

Date

Daytime Phone #