


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90400 011 \*\*\*150.00

<b>DOCUMENT # P98000039646</b>					
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	4. FEI Number 65-0848623	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	



01112006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent  LAUFER, FAIGY 20350 HIGHLAND LAKE BLVD MIAMI, FL 33179				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUFER, MENDEL			NAME			
STREET ADDRESS	20350 HIGHLAND LAKES BLVD			STREET ADDRESS			
CITY-ST-ZIP	MIAMI, FL 33179			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUFER, FAIGY FERNA			NAME			
STREET ADDRESS	20350 HIGHLAND LKS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	NMB, FL 33179			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUFER, MENDEL			NAME			
STREET ADDRESS	20350 HIGHLAND LKS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	NMB, FL 33179			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUFER, FAIGY			NAME	FAIGY		
STREET ADDRESS	20350 HIGHLAND LKS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	NMB, FL 33179			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUFER, FAIGY			NAME			
STREET ADDRESS	20350 HIGHLAND LKS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	NMB, FL 33179			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAUFER, FAIGY			NAME			
STREET ADDRESS	20350 HIGHLAND LKS BLVD.			STREET ADDRESS			
CITY-ST-ZIP	NMB, FL 33179			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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Faigy Laufer*

4/20/06

305-685-6220