2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2008 8:00 am Secretary of State

DOCUMENT # P98000039646 1. Entity Name S.H.M., INC.			04-28-2008 90373 027 ***1	50.00	
Principal Place of Business Mailing Address					
20350 HIGHLAND LAKE BLVD 10569 20350 HIGHLAND LAKE BLVI MIAMI BCH, FL 33179- FRIDEN RIDER MIAMI, FL 33179-		E BLVD			
20350 HIGHLAND LAKE BLVD 7 0 3 6 7 20350 HIGHLAND LAKE BLVD - MIAMI BCH, FL 33179 FAW RIVER MIAMI, FL 33179 TRAIL BOYNTON BEACH FL 3 3437 2. Principal Place of Business - No P.O. Box # 3. Mailing Address					
2. Principal Place of Business - No P.O. Box # 3. Mailing Address					
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Suite, Apt. #, etc.	Suite, Apt. #, etc.		04222008 Chg-P CR2E034 (12/06	5)	
City & State	City & State	· · · · · · · · · · · · · · · · · · ·	4. FEI Number	Applied For	
Zip Country	Country Zip Co		65-0848623 Not Applicable Statistical of Status Position \$8.75 Additional		
Zip Godiniy	Zip	Country	5. Certificate of Status Desired Fee Requ		
Name and Address of Current Registered Agent Name Name			7. Name and Address of New Registered Agent		
LAUFER, FAIGY					
2 0350 HIGHLAND LAKE BLV Ð MIAML FL 33179		Street A	Street Address (P.O. Box Number is Not Acceptable)		
WILAWI, FE 33179					
∳ ,	•	City	FL Zip C	ode	
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					
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.					
10. OFFICERS A	ND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	IRS IN 11	
NAME LAUFER, MENDEL	☐ Delete	TITLE	10569 FAMUL RUFF TOWN	e 🔲 Addition	
NAME L'AUFER, MENDEL NAME STREET ADDRESS 20050 HIGHLAND LAKES BLVD STREET A			10569 FAWN RWERTRAI BOYNTON BETICH, FL 33	<u> </u>	
CITY-ST-ZIP MIAMI, FL -33170-		CITY-ST-ZIP	130 gp/ 0.0 100 1,00 1,00 1		
TITLE D NAME LAUFER, FAIGY FERNA	Delete	TITLE	☐ Chang	Addition	
NAME LAUFER, FAIGY FERNA STREET ADDRESS 20350 HIGHLAND LKS BLVD.		NAME STREET ADDRESS			
CITY-ST-ZIP NMB, FL 33179		CITY-ST-ZIP		_	
TITLE P NAME LAUFER, MENDEL	Delete	TITLE NAME	☐ Chang	Addition Addition	
STREET ADDRESS 20350 HIGHLAND LKS BLVD		STREET ADDRESS			
CITY-ST-ZIP NMB, FL 33179		CITY-ST-ZIP			
NAME LAUFER, FAIGY	☐ Delete	TITLE NAME	Change Country Description	B Addilion	
STREET ADDRESS 20050 HIGHLAND LKS BLVD	-	STREET ADDRESS	10569 FAWN RIVERTRAIL BOY NTO N BEACH, FL. 3.	- 2,/27	
CITY-ST-ZIP NMB, FL 33179		CITY-ST-ZIP	 		
TITLE S	Delete	TITLE NAME	☐ Chang	Addition	
NAME LAUFER, FAIGY STREET ADDRESS 20350 HIGHLAND LKS BLVD	-	STREET ADDRESS			
CITY-ST-ZIP NMB, FL 33179		CITY-ST-ZIP			
THE T	Delete	TITLE	☐ Chang	Addition	
NAME LAUFER, FAIGY STREET ADDRESS 20350 HIGHLAND LKS BLVD		NAME STREET ADDRESS			
CITY-ST-ZIP NMB, FL 33179	· 	CITY-ST-ZIP	<u></u>		
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or suppliemental 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.					
1102/00					
SIGNATURE: SIGNATURE AND TYPED	OR PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR	Date Daytine Phone	, 	