2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000040475

1. Entity Name
SHERTECK SERVICES INC.

Principal Place of Business	Mailing Address
11114 SW 157 TERRACE MIAMI, FL 33157	11114 SW 157 TERRACE MIAMI, FL 33157

DO NOT WRITE IN THIS SPACE

04232008   No Chg-P   CR2E034 (11/05)

4. FEI Number 65-0913662	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, ROY
11114 SW 157 TERRACE
MIAMI, FL 33157

**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 _Roy Smith_

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)

DATE _4/24/08_

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

U00000941041
05/28/08-80091-003 150.00

10.   OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, ROY
STREET ADDRESS	11114 SW 157 TERRACE
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	DVST
NAME	SMITH, LINDA
STREET ADDRESS	11114 SW 157 TERRACE
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	DV
NAME	SMITH, SHERECKA
STREET ADDRESS	11114 SW 157 TERRACE
CITY-ST-ZIP	MIAMI, FL 33157

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _Linda Johnson-Smith V.P._   _4/24/08_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #