## ~2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Apr 20, 2006 08:00 AN Secretary of State **DOCUMENT # S07088** SHENANDOAH INVESTMENTS, INC. Principal Place of Business Mailing Address 5930 N. BAYSHORE DRIVE 5930 N. BAYSHORE DRIVE MIAMI, FL 33137 MIAMI, FL 33137 US 04082006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0235074 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CLARK, JUDY DO NOT WRITE 5930 N. BAYSHORE DRIVE MIAMI, FL 33137 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 if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CLARK, JUDY NAME U00000518452 5930 N BAY SHORE DR STREET ADDRESS 05/02/06-80012-004 150.00 CITY-ST-ZIP MIAMI, FL TITLE CLARK, LARRY NAME 5930 N BAY SHORE DR STREET ADDRESS CITY-ST-ZIP MIAMI, FL TITLE NAME STREET ADDRESS DO NOT WRITE CRY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

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:** 

NAME STREET ADDRESS CITY-ST-ZIP

LATURISTAND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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