## 2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000003555

Entity Name: SHADOW FINANCIAL SYSTEMS, INC

FILED
Jan 19, 2017
Secretary of State
CC2740906041

## **Current Principal Place of Business:**

1551 S. WASHINGTON AVENUE

SUITE 120

PISCATAWAY, NJ 08854

## **Current Mailing Address:**

1551 S. WASHINGTON AVENUE SUITE 120 PISCATAWAY, NJ 08854

FEI Number: 22-3564167 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRES Title CAO

Name SOUTH, JOSEPH Name BELL, CHRISTOPHER

Address 1551 S. WASHINGTON AVENUE, Address 1551 S. WASHINGTON AVENUE,

SUITE 120 SUITE 120

City-State-Zip: PISCATAWAY NJ 08854 City-State-Zip: PISCATAWAY NJ 08854

Title CEO Title COO

Name MARINO, DONALD Name HERRERA, JULIO

Address 1551 S. WASHINGTON AVENUE, Address 1551 S. WASHINGTON AVENUE,

SUITE 120 SUITE 120

City-State-Zip: PISCATAWAY NJ 08854 City-State-Zip: PISCATAWAY NJ 08854

Title VP

Name RODRIGUEZ, FRED

Address 1551 S. WASHINGTON AVENUE

City-State-Zip: PISCATAWAY NJ 08854

Electronic Signature of Signing Officer/Director Detail

Date

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.