

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003991

Entity Name: HALF SHIMMEE, INC.**Current Principal Place of Business:**

C/O SCHRECK ROSE DAPELLO ADAMS BERLIN & DUNHAM LLP
5 COLUMBUS CIRCLE 20TH FLOOR
NEW YORK, NY 10019

Current Mailing Address:

C/O SCHRECK ROSE DAPELLO ADAMS BERLIN & DUNHAM LLP
5 COLUMBUS CIRCLE 20TH FLOOR
NEW YORK, NY 10019 US

FEI Number: 46-0518251**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED
155 OFFICE PLAZA DRIVE, 1ST FLOOR
TALLAHASSEE, FL 32301 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

Date

Officer/Director Detail :

Title PRESIDENT
Name KNIPFING, KEVIN
Address C/O SCHRECK ROSE DAPELLO
 ADAMS BERLIN & DUNHAM
 5 COLUMBUS CIRCLE 20TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title SECRETARY
Name KNIPFING, KEVIN
Address C/O SCHRECK ROSE DAPELLO
 ADAMS BERLIN & DUNHAM LLP
 5 COLUMBUS CIRCLE 20TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title TREASURER
Name KNIPFING, KEVIN
Address C/O SCHRECK ROSE DAPELLO
 ADAMS BERLIN & DUNHAM LLP
 5 COLUMBUS CIRCLE 20TH FLOOR
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR
Name KNIPFING, KEVIN
Address C/O SCHRECK ROSE DAPELLO
 ADAMS BERLIN & DUNHAM LLP
 5 COLUMBUS CIRCLE 20TH FLOOR
City-State-Zip: NEW YORK NY 10019

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.

SIGNATURE: KEVIN KNIPFING

PRESIDENT

03/13/2017

Electronic Signature of Signing Officer/Director Detail

Date