

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90266 037 ***150.00

DOCUMENT # 254615

1. Entity Name

SHEILA SHINE INC



Principal Place of Business

**1201 N W FIRST AVE
MIAMI FL 33136-2807
US**

Mailing Address

**1201 N W FIRST AVE
MIAMI FL 33136-2807
US**

04030464



MOORE

CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

P.O. Box 01-6186

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Miami, Florida

4. FEI Number

59-0954793

Applied For

Not Applicable

Zip

Country

Zip

33101-6186

Country

U.S.A.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALLACH, WILLIAM S
1201 NW 1ST AVE
MIAMI FL 33136**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PDT** ☐ Delete
NAME **WALLACH, WILLIAM S**
STREET ADDRESS **11 ISLAND AVE. APT #1112**
CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

William S. Wallach

William S. Wallach

4-14-04

(305) 379-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #