2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 8:00 am
Secretary of State
01-25-2007 90031 012 ***150.00

DOCUMENT # 254615

1. Entity Name
SHEILA SHINE INC

Principal Place of Business	Mailing Address
1201 N W FIRST AVE MIAMI, FL 33136-2807 US	P.O. BOX 01-6186 MIAMI, FL 33101-6186 US

DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-0954793
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	WALLACH,WILLIAM S
STREET ADDRESS	11 ISLAND AVE. APT #1112
CITY-ST-ZIP	MIAMI BEACH, FL 33139
TITLE	VP
NAME	WALLACH, JAMES G
STREET ADDRESS	2755 S PARKVIEW DR
CITY-ST-ZIP	HALLANDALE, FL 33009
TITLE	VP
NAME	Rita Wallach Greene
STREET ADDRESS	11 Island Ave. Apt #1112
CITY-ST-ZIP	~~Miami Beach, Fl 33139~~
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	Sec.
NAME	Wallach, James G.
STREET ADDRESS	2755 S. Parkview Dr.
CITY-ST-ZIP	Hallandale, Fl 33009
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: James G. Wallach 1/18/07 305-379-1881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #