

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 1201 N W FIRST AVE MIAMI, FL 33136-2807 US	Mailing Address P.O. BOX 01-6186 MIAMI, FL 33101-6186 US
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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 _____ (NOTE: Registered Agent signature required when reinstating)

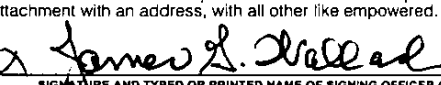
Signature, typed or printed name of registered agent and title if applicable DATE

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT WALLACH, WILLIAM S 11 ISLAND AVE. APT #1112 MIAMI BEACH, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLACH, JAMES G 2755 S PARKVIEW DR HALLANDALE, FL 33009
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Rita Wallach Greene 11 Island Ave. Apt #1112 Miami Beach, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec. Wallach, James G. 2755 S. Parkview Dr. 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:  1/16/07 305-879-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #