


2007 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # P01000014566
 1. Entity Name
 SHAHI ENTERPRISES, INC.



| | |
|--|--|
| Principal Place of Business 10010 NW 7 AVE N MIAMI, FL 33150 | Mailing Address 10010 NW 7 AVE N MIAMI, FL 33150 |
|--|--|

DO NOT WRITE IN THIS SPACE



02122007 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 65-1075628 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

NOOR MUNJU, ALI
 2421 N 61 AVE
 HOLLYWOOD, FL 33024

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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) DATE _____

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

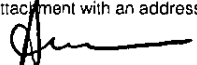
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

| OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P NOOR MUNJU, ALI 2421 N 61 AVE HOLLYWOOD, FL 33024 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ESHA, KAZI 960 NE 170 ST, #102 N MIAMI, FL 33162 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 04/18/07-80050-004 150.00

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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:  _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 03-10-07 Daytime Phone # _____