

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000085250

1. Entity Name
SHISHA INTERNATIONAL, INC.



FILED
Aug 04, 2008 08:00 AM
Secretary of State

Principal Place of Business
**1225 WASHINGTON AVE
MIAMI BEACH, FL 33139**

Mailing Address
**1225 WASHINGTON AVE
MIAMI BEACH, FL 33139**



07302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2282630	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RKEIN, YOUSSEF
1225 WASHINGTON AVE
MIAMI BEACH, FL 33139**

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

U00000957045
~~00/04/08 00005-020 150.00~~

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P	NAME
NAME		YOUSSEF, RKEIN
STREET ADDRESS		1225 WASHINGTON AVE
CITY-ST-ZIP		MIAMI BEACH, FL 33139
TITLE		NAME
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		NAME
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		NAME
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		NAME
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: **7/30/08** (305) 532-1511 -
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #