

DOCUMENT # P98000013192

1. Entity Name
SHAMA, INC.

APPROVED AND FILED PG-10/27

Principal Place of Business
5211 WEST 24TH WAY
HIALEAH FL 33016

Mailing Address
5211 WEST 24TH WAY
HIALEAH FL 33016

00 AUG 28 PM 4:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number
65-0811193

Applied For
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BALMASEDA, DONNY
5211 WEST 24TH WAY
HIALEAH FL 33016

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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

11. OFFICERS AND DIRECTORS	
FILE NAME STREET ADDRESS CITY- ST- ZIP	DP BALMASEDA, DONNY 5211 WEST 24TH WAY HIALEAH FL 33016 <input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete
FILE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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****150.00 ****150.00

3. 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 11 or Block 12 if changed, or on an attachment with an address, with all other those empowered.

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

8/2/00 (305) 8261671
Date Office Phone #

Pg. 2 of 2

SHAMA, INC.
5211 W. 24 WAY
HIALEAH, FL 33016
PHONE: (305) 887-3400

Miami, August 2, 2000

DIVISION OF CORPORATIONS

REF: ANNUAL REPORT
DOC# P98000013192
SHAMA, INC.
FEI#65-0811193

TO WHOM IT MAY CONCERN:

The purpose of this letter is to inform you that I did not received the first notice of the Annual Report for the company mentioned above. I do not understand why I did not receive the Form.

I would like that you consider my case.

I am sending a check for \$150.00 and I have the hope that you accept this amount of payment.

I appreciate your help and understanding. Thank you.

Sincerely,



Donny Balmaseda
Director/President