

**DOCUMENT #** P98000013192  
 1. Entity Name

SHAMA, INC.

APPROVED AND FILED *PS-10/27*

Principal Place of Business: 5211 WEST 24TH WAY, HIALEAH FL 33016  
 Mailing Address: 5211 WEST 24TH WAY, HIALEAH FL 33016

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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2. Principal Place of Business  
 Suite, Apt. #, etc.  
 City & State

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State

4. FEI Number: 65-0811193  
 Applied For: Not Applicable

DO NOT WRITE IN THIS SPACE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	500003391215--0
CITY-ST-ZIP	-09/13/00--01041--007 ****150.00 ****150.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

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

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**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