2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Aug 20, 2004 8:00 am Secretary of State **DOCUMENT # P99000108992** 08-20-2004 90008 050 ***150.00 1. Entity Name SHINE ENTERPRISES, INC. 24080551 Principal Place of Business Mailing Address 14650 SOUTHWEST 92ND COURT 260 N SHORE DRIVE MIAMI, FL 33176 MIAMI BEACH, FL 33431 2. Principal Place of Business 3. Mailing Address 700 BILIMO BILTMORE WA 700 E 08132004 Chg-P CR2E034 (10/03) 607 4. FEI Number Applied For City & State FL CORAL GABVES 65-0968670 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired _USA Fee Required: 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent ARLOS E. "LOPEZ LOPEZ, CARLOS E Street Address (P.O. Box Number is Not Acceptable) 260 N SHORE DRIVE MIAMI BEACH, FL 33141 601 700 City 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. 12 2004 SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$550.00 Trust Fund Contribution. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Change TITLE Addition ☐ Detete TITLE LOPEZ, CARLOS E LOPEZ, CARLOS E. NAME NAME STREET ADDRESS 260 N SHORE DRIVE STREET ADDRESS 700 BILTMORE WAY γþ CITY-ST-7IP MIAMI BEACH, FL 33431 CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐-A:fcition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

TED NAME OF UGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #

ATTACHMENT 2408055

CABANAS & ASSOCIATES, P.A.

Telephone: 305-513-3639 FAX: 305-513-4122 ACCOUNTING, TAX PLANNING & PREPARATION SQUARE ONE BUSINESS CENTER 10520 N.W. 26TH STREET SUITE C-201 MIAMI, FLORIDA 33172

NATIONAL SOCIETY OF PUBLIC ACCOUNTANTS FLORIDA ASSOCIATION OF INDEPENDENT ACCOUNTANTS

August 12, 2004

Dept. of State Division of Corporation P.O. Box 1500 Tallahassee, Fl. 32302-1500

> Re: Shine Enterprises Inc. Doc# P99000108992

Gentlemen:

We are the accountants for the above taxpayer. Please note that our client never received the original Annual Report since they moved during the latter part of 2003.

Our client respectfully requests amnesty against any penalties since they moved and never received the Annual Report. Our client has attached a check for \$150 to cover the filing fee for 2004 and a newly filled in "Profit Corporation Annual Report" form.

Should you have any questions, please do not hesitate to contact me.

Jøseph F. Cabanas