

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90231 020 ***150.00

DOCUMENT # 572433
 1. Entity Name
 SHAMIRA HOLDING CORP., INC.



Principal Place of Business Mailing Address
 KLEIN SHAMIRA 234 EGLINTON AVE E SUITE 418 KLEIN SHAMIRA 234 EGLINTON AVE E SUITE 418
 TORONTO ONTARIO TORONTO ONTARIO
 CANADA M4P 1K5, XX CANADA M4P 1K5, XX

14008381

2. Principal Place of Business 3. Mailing Address
 234 Eglinton Ave. East 234 Eglinton Ave. East
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 Suite 418 Suite 418

City & State City & State
 Toronto, Ontario Toronto Ontario
 Zip Country Zip Country
 Canada M4P 1K5 Canada M4P 1K5

04262005 Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-1822641 Not Applicable

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

6. Name and Address of Current Registered Agent
 KLEIN, SHAMIRA
 C/O BERMAN, RENNERT, VOGEL & MANDLER, P.A.
 100 SE 2ND ST. STE 2900
 MIAMI, FL 33131

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. 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, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	KLEIN, VIKTOR	
STREET ADDRESS	234 EGLINTON AVE, EAST, SUITE 418	
CITY-ST-ZIP	TORONTO, ON M4P 1K5	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	KLEIN, HAIM	
STREET ADDRESS	234 EGLINTON AVE, EAST, SUITE 418	
CITY-ST-ZIP	TORONTO, ON M4P 1K5	
TITLE	V	<input type="checkbox"/> Delete
NAME	KLEIN, SHAMIRA	
STREET ADDRESS	5835 N. BAY ROAD	
CITY-ST-ZIP	MIAMI BEACH, FL 33140	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE: Shamira Klein, VP 4-26-05 305-577-4176
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #