

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 572433

**FILED  
Jul 18, 2006  
Secretary of State**

**Entity Name:** SHAMIRA HOLDING CORP., INC.

**Current Principal Place of Business:**

234 EGLINTON AVE E  
SUITE 418  
TORONTO, ON M4P-15

**New Principal Place of Business:**

234 EGLINTON AVE EAST  
SUITE 618  
TORONTO ONTARIO, CANADA, XX M4P1K5

**Current Mailing Address:**

234 EGLINTON AVE E  
SUITE 418  
TORONTO, ON M4P-15

**New Mailing Address:**

234 EGLINTON AVE EAST  
SUITE 618  
TORONTO ONTARIO, CANADA, XX M4P1K5

**FEI Number:** 59-1822641      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**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 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: KLEIN, VIKTOR,  
Address: 234 EGLINTON AVE, EAST, SUITE 418  
City-St-Zip: TORONTO, ON M4P 1K5

Title: DVP ( ) Delete  
Name: KLEIN, HAIM,  
Address: 234 EGLINTON AVE, EAST, SUITE 418  
City-St-Zip: TORONTO, ON M4P 1K5

Title: V ( ) Delete  
Name: KLEIN, SHAMIRA  
Address: 5835 N. BAY ROAD  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: KLEIN, VIKTOR  
Address: 234 EGLINTON AVE, EAST, SUITE 618  
City-St-Zip: TORONTO ONTARIO, CANADA, XX M4P1K5

Title: DVP (X) Change ( ) Addition  
Name: KLEIN, HAIM  
Address: 234 EGLINTON AVE, EAST, SUITE 618  
City-St-Zip: TORONTO ONTARIO, CANADA, XX M4P1K5

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHAMIRA KLEIN

V

07/18/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date