## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000101539

**Entity Name:** SHANGRILA REAL ESTATE, INC.

FILED Feb 27, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

1000 BRICKELL AVE., SUITE 215 1000 BRICKELL AVENUE, SUITE 215 MIAMI, FL 33131

MIAMI, FL 33131

**Current Mailing Address: New Mailing Address:** 

1000 BRICKELL AVE., SUITE 215 1000 BRICKELL AVENUE, SUITE 215

MIAMI, FL 33131 MIAMI, FL 33131

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATE MAINTENANCE SERVICES, LLC. CORPORATE MAINTENANCE SERVICES, LLC. 1000 BRICKELL AVE., SUITE 215 1000 BRICKELL AVENUE, SUITE 215

MIAMI, FL 33131 MIAMI, FL 33131 US

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: 02/27/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: ( ) Delete CALCAGNO, NICOLAS Name:

3001 NE 165TH ST., UNIT 715 Address:

City-St-Zip: MIAMI, FL 33180

Title: () Delete CALCAGNO, JUAN A Name:

3001 NE 165TH ST., UNIT 715 Address:

MIAMI, FL 33180 City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change ( ) Addition

CALCAGNO, NICOLAS Name: Address: 3001 NE 185TH STREET #236

City-St-Zip: MIAMI, FL 33180

Title: (X) Change ( ) Addition

CALCAGNO, JUAN A Name:

Address: 3001 NE 185TH STREET #236

MIAMI, FL 33180 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NICOLAS CALCAGNO 02/27/2009 D