

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P05000087448

**Entity Name:** SHAKIBE, INC.

**Current Principal Place of Business:**

4905 WEST SAN RAFAEL  
TAMPA, FL 33629

**Current Mailing Address:**

P.O. BOX 13230  
TAMPA, FL 33681-3230

**FEI Number: 20-3020594**

**Certificate of Status Desired: Yes**

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

JEFFRIES, DAVID M  
1227 N FRANKLIN STREET  
TAMPA, FL 33602 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	VSTD
Name	SASSE, SHANNON	Name	LAYNE, REBECCA
Address	4905 W. SAN RAFAEL	Address	4905 W. SAN RAFAEL
City-State-Zip:	TAMPA FL 33629	City-State-Zip:	TAMPA FL 33629

*I hereby 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 all other like empowered.*

**SIGNATURE: LAYNE, REBECCA**

**VSTD**

**05/01/2013**

Electronic Signature of Signing Officer/Director Detail

Date