

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000132274

**Entity Name:** NEW LOOK SHINE CORPORATION

**Current Principal Place of Business:**

6300 TIDEWAVE ST  
ORLANDO, FL 32822

**Current Mailing Address:**

6300 TIDEWAVE ST  
ORLANDO, FL 32822

**FEI Number:** 20-5736547

**Certificate of Status Desired:** No

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

GARCIA, JACINTO  
6300 TIDEWAVE ST  
ORLANDO, FL 32822 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	P	Title	VP
Name	GARCIA, JACINTO	Name	GARCIA, NORMA
Address	6300 TIDEWAVE ST	Address	6300 TIDEWAVE ST
City-State-Zip:	ORLANDO FL 32822	City-State-Zip:	ORLANDO FL 32822

*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:** JACINTO GARCIA

**PRESIDENT**

**04/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date