2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 223993

CZUCHNICKÍ, MIKE

428 COLLINS AVE #15

MIAMI BEACH, FL 33154

Name:

Address:

City-St-Zip:

FILED Apr 29, 2008 Secretary of State

Entity Name: SHANGRI-LA HOUSE, INC					
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
428 COLLINS AVENUE MIAMI BEACH, FL 33139					
Current Mailing Address:			New Mailing Address	New Mailing Address:	
428 COLLINS AVENUE MIAMI BEACH, FL 33139					
FEI Number:	59-6071210	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
LJ SERVICES GROUP 1045 KANE CONCOURSE SUITE #216 BAY HARBOR ISLANDS, FL 33154 US			1045 KANE CONCOU SUITE #212	LJ SERVICES GROUP 1045 KANE CONCOURSE SUITE #212 BAY HARBOR ISLANDS, FL 33154 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:				04/29/2008	
	Electron	c Signature of Registered Age	ent	Date	
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () SOBEL, JENNIF 428 COLLINS A MIAMI BEACH, I	VE #8	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () ROGOFF, DEBF 428 COLLINS A MIAMI BEACH, I	VE. #6	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () PLEBAN, RICHA 428 COLLINS A MIAMI BEACH, I	VE #04	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () AMARO, GILBEI 428 COLLINS A MIAMI BEACH, I	√E #1	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete	Title:	() Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LINDA JOHNSON MGR 04/29/2008