

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90064 026 \*\*\*150.00

**DOCUMENT # 254615**

1. Entity Name  
**SHEILA SHINE INC**



Principal Place of Business  
**1201 N W FIRST AVE  
MIAMI, FL 33136-2807 US**

Mailing Address  
**P.O. BOX 01-6186  
MIAMI, FL 33101-6186 US**

40022100



**DO NOT WRITE IN THIS SPACE**

01312008 No Chg-P CR2E034 (11/05)

4. FEI Number  
**59-0954793**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**WALLACH, WILLIAM S  
1201 NW 1ST AVE  
MIAMI, FL 33136**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PDT  
WALLACH, WILLIAM S  
11 ISLAND AVE. APT #1112  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**VP  
WALLACH, JAMES G  
2755 S PARKVIEW DR  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**V  
GREENE, RITA WALLACH  
11 ISLAND AVE APT #1112  
MIAMI BEACH, FL 33139**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
WALLACH, JAMES G  
2755 S. PARKVIEW DR  
HALLANDALE, FL 33009**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *W. S. Wallach*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #