2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 572433

Entity Name: SHAMIRA HOLDING CORP., INC.

5481 NORTH BAY ROAD

MIAMI BEACH, FL 33140

Address:

City-St-Zip:

FILED Feb 21, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:
SUITE 618	NTON AVE EAST 3 D ONTARIO, CANADA, - M4P1K5	
Current N	lailing Address:	New Mailing Address:
SUITE 618	NTON AVE EAST 3 D ONTARIO, CANADA, - M4P1K5	
FEI Number	: 59-1822641 FEI Number Applied For	() FEI Number Not Applicable () Certificate of Status Desired ()
Name and	I Address of Current Registered Ag	ent: Name and Address of New Registered Agent:
100 SE 2N	IAMIRA /AN, RENNERT, VOGEL & MANDLEF ID ST. STE 2900 33131 US	R, P.A.
	named entity submits this statement f e of Florida.	or the purpose of changing its registered office or registered agent, or both
SIGNATUI	RE:	
	Electronic Signature of Registe	red Agent Date
Election Ca	mpaign Financing Trust Fund Contribution).
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Title: Name: Address: City-St-Zip:	P () Delete KLEIN, VIKTOR 234 EGLINTON AVE, EAST, SUITE 618 TORONTO ONTARIO, CANADA, - M4P1K5	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	DVP () Delete KLEIN, HAIM 234 EGLINTON AVE, EAST, SUITE 618 TORONTO ONTARIO, CANADA, - M4P1K5	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	V () Delete KLEIN, SHAMIRA 5835 N. BAY ROAD MIAMI BEACH, FL 33140	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name:	S () Delete SEGAL, AMY	Title: () Change () Addition Name:

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE: SHAMIRA KLEIN V 02/21/2007