

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02354

Entity Name: SHAINA, INC.

FILED  
Apr 26, 2006  
Secretary of State

**Current Principal Place of Business:**

500 SOUTHEAST 17TH STREET  
SUITE 222  
FT. LAUDERDALE, FL 33316

**New Principal Place of Business:**

**Current Mailing Address:**

500 SOUTHEAST 17TH STREET  
SUITE 222  
FT. LAUDERDALE, FL 33316

**New Mailing Address:**

FEI Number: 59-2035494      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

COMMETTE, PETER M  
1323 SOUTHEAST 3RD AVENUE  
FT. LAUDERDALE, FL 33316      US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: COO      ( ) Delete  
Name: SLAKOFF, MARC  
Address: 500 SOUTHEAST 17TH STREET #222  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: CEO      ( ) Delete  
Name: SLAKOFF, MARC  
Address: 500 SOUTHEAST 17TH STREET #222  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S      ( ) Delete  
Name: SLAKOFF, JAN G  
Address: 500 SOUTHEAST 17TH STREET #222  
City-St-Zip: FT LAUDERDALE, FL 33316

Title: T      ( ) Delete  
Name: SLAKOFF, JAN G  
Address: 500 SOUTHEAST 17TH STREET #222  
City-St-Zip: FT. LAUDERDALE, FL 33316

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: MARC SLAKOFF

COO

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date