## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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Feb 23, 2006 08:00 AM
Secretary of State

ANNUAL REPORT						of State
DOCUMENT # M70550  1. Entity Name S.H.I. ENTERPRISES, INCORPORATED				Secr	ctai y	of State
9 F	& Simon L. Hiracheta P.O. Box 452117			: (3.1.1);	Y 21814 24211 842	(1 2140) 2040 2040 2040 14 8224
DO NOT WRITE IN THIS SPA			02132008 No Chg-P CR2E034 (11/05)  4. FEI Number			
ddress of Gurrent Regis	tered Agent					-
name of registered agent and lette	il applicable. (RROTE: Registero	ad Agent signature required	when reinstating)	th, in the State of Flo	orida. 1 am 1	əmillər with, and aççept
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	WRITE II  WRITE II  ddress of Current Ragis  its this statement for the pant.  Inere of registered spent and the  OFFICERS AND DIRECT  MON  34743	Mailing Address % SIMON L. HIRACHETA P.O. BOX 452117 KISSIMMEE, FL 34745  US  WRITE IN THIS SPA  ddress of Current Registered Agent  its this statement for the purpose of changing its register gent.  In serve of registered agent and little if applicable.  PROTE: Registered Fruit Fund Contribution.  OFFICERS AND DIRECTORS  IMON  34743  MON  34743  MON	Mailing Address  % SIMON L. HIRACHETA P.O. BOX 452117 KISSIMMEE, FL 34745 US  WRITE IN THIS SPACE  diress of Current Registered Agent  its this statement for the purpose of changing its registered office or register gent.  RECT: Registered Agent signature required  Is \$150.00 WILL BO \$550.00  OFFICERS AND DIRECTORS  MON  34743  MON  34743  MON	Mailing Address  ## SIMON L. HIRACHETA P.O. BOX 452117 KISSIMMEE, FL 34745 US  O2132006  4. FEI Number 59-289  5. Cartificate  didress of Current Registered Agent  DO IN 7  Its this statement for the purpose of changing its registered office or registered agent, or both part.  Interest registered agent and bits if applicable.  Right Registered Agent in the purpose of changing its registered office or registered agent, or both part.  Interest registered agent and bits if applicable.  Right Registered Agent inguistre required when retrigisting)  18 \$150.00 Will be \$550.00  OFFICERS AND DIRECTORS  MON 34743  MON 34743	Mailing Address  % SIMON L. HIRACHETA P.O. BOX 452117 KISSIMMEE, FL 34745 US  O2132008 No Chg-P  4. FEI Number 59-2891247 5. Cartificate of Status Desired  didress of Current Registered Agent  DO NOT W IN THIS SF  its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fig.  ins this statement for the purpose of Changing its registered Agent signature required anner reinstation)  18 \$150.00 Will be \$550.00  OFFICERS AND DIRECTORS  MON 34743  MON 34743  DO NOT W 34743  DO NOT W 34743	Mailing Address  % SIMON L. HIRACHETA P.O. BOX 452117 KISSIMMEE, FL 34745 US  O2132006 No Chg-P CR2E0  4. FEI Number 59-2891247  5. Certificate of Status Desired  IN THIS SPACE  Its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am 1 pant.  IS \$150.00  Will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.  OFFICERS AND DIRECTORS  MON  34743  MON  103/U6/106-80035

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 gither like empowered.

SIGNATURE: \_

CSTY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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