2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2005
Secretary of State

DOCUMENT# N03000008885

Entity Name: SHINING STAR FISHING ADVENTURES, INC.

Current Principal Place of Business:

14332 SW 134 AVE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 771472
MIAMI, FL 33177

New Mailing Address:

FEI Number: 20-0315004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, GARY, MS, LHCRM L
14332 SW 134 AVE
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

SMITH, GARY L
14332 SW 134 AVE
MIAMI, FL 33186 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: GARY L. SMITH 02/04/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: SMITH, GARY L
Address: 14332 SW 134 AVE
City-St-Zip: MIAMI, FL 33186

Title: VP ( ) Delete
Name: MARTIN, MARIA I
Address: 14332 SW 134 AVE
City-St-Zip: MIAMI, FL 33186

Title: T ( ) Delete
Name: DELATTIBBOUDARE, LINDA M
Address: 10421 SW 157 PLACE, APT# 6-208
City-St-Zip: MIAMI, FL 33196

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: MARTIN, MARIA I
Address: 8200 SW 152 STREET
City-St-Zip: MIAMI, FL 33157

Title: T (X) Change ( ) Addition
Name: MARTIN, MARIA M RN
Address: 3574 W. 14TH LANE
City-St-Zip: HIALEAH, FL 33012

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY L. SMITH PRES 02/04/2005
Electronic Signature of Signing Officer or Director Date