


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N41693 |  |
| 1. Entity Name SHINING STAR, INC. | |

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| Principal Place of Business PUBLIC SAFETY BUILDING 2601 W. BROWARD BLVD. FT LAUDERDALE, FL 33312 US | Mailing Address PO BOX 1477 FT LAUDERDALE, FL 33302 US |
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01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0260947 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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|---|
| 6. Name and Address of Current Registered Agent GIUFFREDA, RICHARD PURDY, JOLLY & GIUFFREDA, PA 1322 SE THIRD AVE. FT. LAUDERDALE, FL 33316 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

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 | P HRESO, JOSEPH 8220 SW 3 CT N. LAUDERDALE, FL 33068 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S HARRISON, DENISE 5465 NW 41 TERR COCONUT CREEK, FL 33073 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D ALOI, SABASTIAN 5520 SW 43 TERR FORT LAUDERDALE, FL 33314 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D KANAS, ROSALYN 2305 LUCAYA LANE UNIT J-4 POMPANO BEACH, FL 33071 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D BARNES, ALAN 8720 NW 27 AVE FORT LAUDERDALE, FL 33309 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T MONIZ, KATHERINE 11760 NW 30 STREET CORAL SPRINGS, FL 33065 |

01102006-80056-015 61.25

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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 617, 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 *Katherine Moniz* **KATHERINE Moniz** 1/10/2006 954-331-4313
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #