

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 22, 2007 8:00 am  
Secretary of State**

01-22-2007 90075 028 \*\*\*\*61.25

**DOCUMENT # N41693**

1. Entity Name  
**SHINING STAR, INC.**



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**

2. Principal Place of Business - No P.O. Box # **3. Mailing Address**

Suite, Apt. #, etc. **Suite, Apt. #, etc.**

City & State **City & State**

Zip **Country**

Zip **Country**

4. FEI Number  
**65-0260947** **Applied For**  
**Not Applicable**

5. Certificate of Status Desired  **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**GIUFFREDA, RICHARD  
PURDY, JOLLY & GIUFFREDA, PA  
1322 SE THIRD AVE.  
FT. LAUDERDALE, FL 33316**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

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**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution.  **\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HRESO, JOSEPH 8220 SW 3 CT N. LAUDERDALE, FL 33068	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Harrison, Denise 5465 NW 41 TERR COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARRISON, DENISE 5465 NW 41 TERR COCONUT CREEK, FL 33073	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Barnes, Alan 6720 NW 27 Ave Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALOI, SABASTIAN 5520 SW 43 TERR FORT LAUDERDALE, FL 33314	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Fort Lauderdale, FL 33309	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KANAS, ROSALYN 2305 LUCAYA LANE UNIT J-4 POMPANO BEACH, FL 33071	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Clifford, Tamara 6790 Simms St Hollywood, FL 33024	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNES, ALAN 6720 NW 27 AVE FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONIZ, KATHERINE 11760 NW 30 STREET CORAL SPRINGS, FL 33065	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 1/18/07 954-831-8143**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR

Date

Daytime Phone #