## 2004 FOR PROFIT CORPORATION...

## **Secretary of State** DOCUMENT # P00000040104 04-19-2004 90383 013 \*\*\*150.00 17 Entity Name SHARK, CORP: Principal Place of Business Mailing Address 66420653 329 E 9TH STREET 329 E 9TH STREET SUITE 201 SUITE 201 HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) Applied For City & State City & State 4. FEI Number 65-1006263 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PEREZ, JOSE A. CPA, PA Street Address (P.O. Box Number is Not Acceptable) 329 E 9TH ST SUITE 201 HIALEAH FL 33010 City 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 SIGNATURE Signature, typed or printed name of registered agont and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition TITLE Delete TITLE ☐ Change RODRIGUEZ, JOSE A NAME NAME STREET ADDRESS 3211 NW 15TH ST. STREET ADDRESS MIAMI FL 33125 CITY-ST-ZIP CITY - ST- ZIP TITLE Defete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY\_ST, ZIP CITY-ST-ZIP... TITLE Delete TITLE ☐ Chance Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CiTY-ST-ZiP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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 other like empowered. SIGNATURE:

**FILED** 

May 10, 2004 8:00 am