


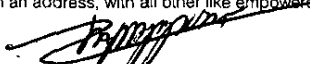
2004 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 02, 2004 8:00 am
Secretary of State

04-02-2004 90023 012 ***150.00

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DOCUMENT # P01000070681							
1. Entity Name SHANI MANAGEMENT, INC.							
Principal Place of Business 1401 NE 123RD ST. MIAMI FL 33161		Mailing Address 1401 NE 123RD ST N. MIAMI, FL 33161					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Zip		Country			
				03302004 Chg-P CR2E034 (10/03)			
		4. FEI Number 65-1129081		Applied For Not Applicable			
		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional - Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
WAYNE, ROBERT 1225 S.W. 87TH AVENUE MIAMI, FL 33174			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RAPAPPORT, ZIV		NAME				
STREET ADDRESS	1401 NE 123RD ST		STREET ADDRESS				
CITY-ST-ZIP	N MIAMI, FL 33161		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	RAPAPPORT, RINAT		NAME				
STREET ADDRESS	1401 NE 123RD ST		STREET ADDRESS				
CITY-ST-ZIP	N MIAMI, FL 33161		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing 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: _____				3/31/04 305-899-8502 Date Daytime Phone #			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							