

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000079969

Entity Name: I SHINE, INC.

**FILED**  
**Mar 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

425 BAYSHORE DR  
#16  
FORT LAUDERDALE, FL 33304

**New Principal Place of Business:**

**Current Mailing Address:**

425 BAYSHORE DR  
#16  
FORT LAUDERDALE, FL 33304

**New Mailing Address:**

FEI Number: 65-1129137

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUKSTA, LAURA A  
425 BAYSHORE DRIVE  
UNIT 16  
FORT LAUDERDALE, FL 33304 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: DUKSTA, LAURA A  
Address: 425 BAYSHORE DR UNIT 16  
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: TSD  
Name: KEESLER, KAREN  
Address: 3760 E 6TH AVE  
City-St-Zip: HIALEAH, FL 33013

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LAURA DUKSTA

PD

03/15/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date