2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000015549

1. Entity Name
SHAYNE ENTERPRISES INC.

Principal Place of Business	Mailing Address
1354 BAY DRIVE MIAMI BEACH, FL 33141	1354 BAY DRIVE MIAMI BEACH, FL 33141

DO NOT WRITE IN THIS SPACE

01032007   No Chg-P   CR2E034 (11/05)

4. FEI Number		Applied For
74-3029891		Not Applicable

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

6. Name and Address of Current Registered Agent

JACOBS, ALBERT
1354 BAY DR.
MIAMI BEACH, FL 33141

**DO NOT WRITE
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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when restating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	JACOBS, ALBERT
STREET ADDRESS	1354 BAY DR.
CITY-ST-ZIP	MIAMI BEACH, FL 33141

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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04/03/07-80023-018 150.00

**DO NOT WRITE
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 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: _____ Albert Jacobs _____ 1-22-07 _____ 305-613-3888

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   PRESIDENT   Date   Daytime Phone #