


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91820 001 ***300.00

DOCUMENT # 902000020737
1. Entity Name
Shanna Corporation.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
901 Ponce de Leon Blvd.
Suite, Apt. #, etc.
suite 603.
City & State
Coral Gables FL
Zip
33134. Country

3. Mailing Address
901 Ponce de Leon Blvd.
Suite, Apt. #, etc.
suite 603.
City & State
Coral Gables FL
Zip
33134. Country

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4. FEI Number
45-0467591.

Applied For
 Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Juan Ramon Perez-Cirera.

Street Address (P.O. Box Number is Not Acceptable)
10 Venetian Way Apt 1805

City
Miami FL Zip Code
33139

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 Juan Ramon Perez-Cirera DATE 20/04/03.

Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent Signature required when changing)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
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STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Enrique Perez-Cirera DATE 20/04/03 Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)