

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000052909

FILED  
Jun 17, 2008  
Secretary of State

Entity Name: SHINY SERVICES CORPORATION

## Current Principal Place of Business:

3897 COCOPLUM CIRCLE  
#3512  
COCONUT CREEK, FL 33063

## Current Mailing Address:

3897 COCOPLUM CIRCLE  
#3512  
COCONUT CREEK, FL 33063

## New Principal Place of Business:

3897 COCOPLUM CIRCLE  
#3512  
COCONUT CREEK, FL 33063 US

## New Mailing Address:

3897 COCOPLUM CIRCLE  
#3512  
COCONUT CREEK, FL 33063 US

FEI Number: 33-1004378

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION  
1261 E. SAMPLE ROAD  
POMPANO BEACH, FL 33064 US

## Name and Address of New Registered Agent:

TAX HOUSE CORPORATION  
9825 MARINA BLVD  
SUITE 400  
BOCA RATON, FL 33428 US

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:

06/17/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DE MEDEIROS MATTOS, GILDA  
Address: 3897 COCOPLUM CIRCLE #3512  
City-St-Zip: COCONUT CREEK, FL 33063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DE MEDEIROS MATTOS, GILDA  
Address: 3897 COCOPLUM CIRCLE #3512  
City-St-Zip: COCONUT CREEK, FL 33063 UD

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GILDA DE MEDEIROS MATTOS

PD

06/17/2008

Electronic Signature of Signing Officer or Director

Date