

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000072675 1. Entity Name SHANGLY CORP.	
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Principal Place of Business 417 E. SHERIDAN STREET PMB #129 DANIA BEACH, FL 33004	Mailing Address 417 E. SHERIDAN STREET PMB #129 DANIA BEACH, FL 33004
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02062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0838140	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MURAI, WALD, BIONDO & MORENO, P.A. C/O SACE SOLUTION, INC. 417 E. SHERIDAN STREET, #129 DANIA BEACH, FL 33004

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____
Signature, typed or printed name of registered agent and filer if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DAVIDSON, STEPHEN 417 E. SHERIDAN STREET, #129 DANIA BEACH, FL 33004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS DELL VALLE, MILLY 417 E. SHERIDAN STREET, #129 DANIA BEACH, FL 33004
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02/16/04-80009-012 150.00

**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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Milly Dell Valle MILLY DELL VALLE 2/11/04 9541277185
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #