

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 8:00 am
Secretary of State

09-05-2006 90026 014 ***150.00

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DOCUMENT # P02000079789 1. Entity Name SATELLITE SHOP, INC.			
Principal Place of Business 11900 SW 144 CT. BLDG. 3 MIAMI, FL 33186		Mailing Address 11900 SW 144 CT. BLDG. 3 MIAMI, FL 33186	
2. Principal Place of Business 12973 SW 112 ST #309 Suite, Apt. #, etc.:		3. Mailing Address 12973 SW 112 ST Suite, Apt. #, etc.: 309	
City & State Miami - Florida Zip 33186 Country US		City & State Miami - Florida Zip 33186 Country US	
4. FEI Number 76-0705772		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ANDREA, ALI 572 NW 190 ST OPA LOCKA, FL 33055		7. Name and Address of New Registered Agent Name ANDREA ALI Street Address (P.O. Box Number is Not Acceptable) 12973 SW 112 ST #309 City Miami FL Zip Code 33186	
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 <u><i>Andrea</i></u> 08/31/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME ANDREA, ALI STREET ADDRESS 6223 SW 131 CT CITY - ST - ZIP MIAMI, FL 33183	☒ Delete	TITLE PD NAME ANDREA ALI STREET ADDRESS 12973 SW 112 ST #309 CITY - ST - ZIP MIAMI - FLORIDA 33186	☐ Change ☒ Addition
TITLE VP NAME ANDREA, ALEANDRO STREET ADDRESS 11900 SW 144 CT BLDG #3 CITY - ST - ZIP MIAMI, FL 33186	☒ Delete	TITLE VP NAME ANDREA ALEANDRO STREET ADDRESS 12973 SW 112 ST #309 CITY - ST - ZIP MIAMI - FL 33186	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: <u><i>Andrea</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		08/31/06 Date Daytime Phone #	