


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90134 018 ***150.00

DOCUMENT # P02000114268 1. Entity Name SHARP IMAGE AMERICA, INC.			
Principal Place of Business 423 W. VINE STREET KISSIMMEE, FL 34741		Mailing Address 423 W. VINE STREET KISSIMMEE, FL 34741	
2. Principal Place of Business - No P.O. Box # 6901 22ND AVE. N. #16778		3. Mailing Address 6901 22ND AVE N	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 16778	
City & State ST PETERSBURG FL		City & State ST. PETERSBURG FL	
Zip 33710		Zip 33710	
Country		Country	
4. FEI Number 06-1652849		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FAROOQUI, MUHAMMAD A 13448 COLONY SQUARE DRIVE NO 2722 ORLANDO, FL 32837		7. Name and Address of New Registered Agent Name MUHAMMAD FAROOQUI Street Address (P.O. Box Number is Not Acceptable) 6901 22ND AVE. NORTH #16778 City ST. PETERSBURG FL Zip Code 33710	
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 reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FAROOQUI, MUHAMMAD A 13448 COLONY SQUARE DRIVE, #2722 ORLANDO, FL 328375374 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MUHAMMAD FAROOQUI 6901 22ND AVE NORTH MAILBOX 16778 ST PETERSBURG FL 33710 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P KIRAN FAROOQUI 6901 22ND AVE NORTH MAILBOX 16778 ST. PETERSBURG FL 33710 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04-22-08 (727) 421 4438 <small>Date Daytime Phone #</small>	