


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90005 005 ***150.00

DOCUMENT # P02000119128	
1. Entity Name THE SHADOW ENTERPRISES OF MIAMI, INC.	

Principal Place of Business 10261 NW 80TH CT. APT. 206 HIALEAH GARDEN, FL 33016	Mailing Address 10261 NW 80TH CT. APT. 206 HIALEAH GARDEN, FL 33016
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54018046



2. Principal Place of Business 6485 W 24 AVE	3. Mailing Address 6485 W 24 AVE
Suite, Apt. #, etc. 201	Suite, Apt. #, etc. 201

03122004 Chg-P CR2E034 (10/03)


City & State HIALEAH FL.	City & State HIALEAH FL
Zip 33016	Country US
Zip 33016	Country US

4. FEI Number 52-2385040	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CRUZ, JUAN F 10261 NW 80TH CT. APT. 206 HIALEAH GARDEN, FL 33016	7. Name and Address of New Registered Agent Name CRUZ, JUAN F Street Address (P.O. Box Number is Not Acceptable) 6485 W 24 AVE # 201 City HIALEAH FL Zip Code 33016
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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  DATE **3/12/04**

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, JUAN F 10261 NW 80TH CT. APT. 206 HIALEAH GARDENS, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CRUZ, JUAN F 6485 W 24 AVE # 201 HIALEAH FL. 33016 <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	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **3-12-04** (705) 724 0528

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR