


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State


05-02-2007 90054 008 ***150.00

DOCUMENT # P03000069346 1. Entity Name SHIBUMI OF AMERICA CORP	
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Principal Place of Business 7955 NW 12TH STREET SUITE 400 MIAMI, FL 33126 US	Mailing Address 7955 NW 12TH STREET SUITE 400 MIAMI, FL 33126 US
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DO NOT WRITE IN THIS SPACE

4000



04262007 No Chg-P CR2E034 (11/05)

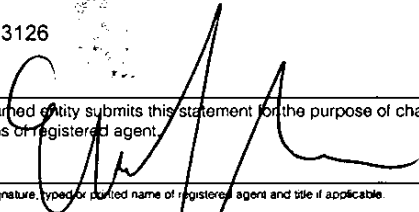
4. FEI Number 33-1065076	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, BERNARDO
 7955 NW 12TH STREET
 SUITE 400
 MIAMI, FL 33126

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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: 4/26/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

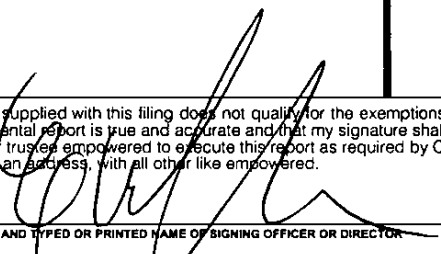
9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ALVAREZ, LUIS FERNANDO 7955 NW 12TH STREET, SUITE 400 DORAL, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD ALVAREZ, BERNARDO 7955 NW 12TH STREET, SUITE 400 DORAL, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  DATE: 4/26/07 DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR