

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2004 8:00 am
Secretary of State

08-05-2004 90006 033 ***150.00

DOCUMENT # P03000083212					
1. Entity Name SHINE INTERIORS CORP.					
Principal Place of Business 8409 N.W. 68 STREET MIAMI, FL 33166			Mailing Address 8409 N.W. 68 STREET MIAMI, FL 33166		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 2002 12557	
6. Name and Address of Current Registered Agent CACHAZO, JESUS 16220 S.W. 49 COURT MIAMI, FL 33027				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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:					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		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 NAME STREET ADDRESS CITY-ST-ZIP	P MUNOZ, JESUS 5920 S.W. 103 AVE MIAMI, FL 33173	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEL CASTILLO, ANAMAR 16220 S.W. 49 CT MIRAMAR - FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CACHAZO, JESUS 16220 S.W. 49 CT MIAMI, FL 33027	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MUNOZ, JESUS 8555 SW 152 AVE #101 MIAMI - FL 33193
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CACHAZO, JESUS 16220 S.W. 49 CT MIAMI - FL 33027	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CACHAZO, JESUS 16220 S.W. 49 CT MIAMI - FL 33027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CACHAZO, JESUS 16220 S.W. 49 CT MIAMI - FL 33027	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CACHAZO, JESUS 16220 S.W. 49 CT MIAMI - FL 33027
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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: 06/07/04 Date					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

54067068



06072004 Chg-P CR25034 (10/03)

Applied For
Not Applicable

\$8.75 Additional
Fee Required

FL

DATE

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

☐ Change ☒ Addition

☒ Change ☐ Addition

☒ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

Daytime Phone #