

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000111249

1. Entity Name
SH INDUSTRIES CORP.



Principal Place of Business

P.O.BOX 940674
MIAMI, FL 33194

Mailing Address

P.O.BOX 940674
MIAMI, FL 33194

DO NOT WRITE IN THIS SPACE



06242005 No Chg-P CR2E034 (10/03)

4. FEI Number
20-0300906

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAGEN, KEVIN L
3531 GRIFFIN RD
FT LAUDERDALE, FL 33312

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-filing)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005**

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPS
PERNAS, SERGIO
P.O.BOX 940674
MIAMI, FL 33194

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DVT
PERNAS, HEATHER
P.O.BOX 940674
MIAMI, FL 33194

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000377184
08/26/05-80003-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

066

Daytime Phone #